DOCUMENT RESUME

ED 352 072 JC 920 537

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TITLE

Emergency Medical Science (T-139). Curriculum Models,

Guidelines, and Outcome-Competencies.

INSTITUTION

North Carolina State Dept. of Community Colleges,

Raleigh.

PUB DATE

91

NOTE

629p.; Produced by Program Development Services.

Project Coordinator: Elizabeth I. Jones.

PUB TYPE

Guides - Non-Classroom Use (055)

EDRS PRICE

MF03/PC26 Plus Postage.

DESCRIPTORS

*Academic Standards; *Allied Health Occupations

Education; Community Colleges; Course Content; Course Descriptions; Curriculum Guides; *Emergency Medical

Technicians; *Emergency Squad Personnel;

Instructional Materials; *Minimum Competencies;

Outcomes of Education; Program Descriptions; Program Development; Program Evaluation; *State Standards;

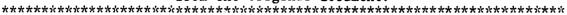
Two Year Colleges; Vocational Education
*North Carolina Community College System

IDENTIFIERS

ABSTRACT

Developed for use by curriculum planners in Emergency Medical Science (EMS) programs throughout the North Carolina Community College System (NCCCS), and by evaluators in their reviews of existing programs, this manual provides a model set of guidelines for the education and training of the Emergency Medical Technician-Paramedic (EMT-P) in pre-hospital settings. Chapter I presents information about the NCCCS, the EMS program, and the Competency-Based Curriculum Project from which the manual was produced. Chapter II reviews the legal statutes and regulations, and professional standards governing EMT-P practice; describes program accreditation procedures; reviews job titles; and describes job opportunities available to EMS program graduates. Chapter III reviews tasks, competencies, and evaluative criteria arranged by subject area and correlated to courses in the model curriculum. Chapter IV presents curriculum standards for EMS; describes the model curriculum; and presents course descriptions and outlines for 27 courses in the curriculum. The final chapter provides guidelines for EMS program implementation and support, reviewing the roles and responsibilities of the instructional faculty, program director, clinical faculty, medical director, and the advisory committee; outlining student admission, enrollment, and evaluation procedures; describing student progression through the training levels; reviewing physical plant facilities, equipment, library resources, and textbooks and references; and listing professional associations. Appendixes include accreditation standards; applicable state human resources regulations; project data; sample clinical evaluation criteria; and a suggested equipment list. (PAA)

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Curriculum Models, Guidelines, and Outcome-Competencies

EMERGENCY MEDICAL SCIENCE (T-139)

Ву

Barbara Keelor Lovin

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Program Development Services
North Carolina Department of Community Colleges
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FOREWORD

The North Carolina Department of Community Colleges and the State Board of Community Colleges encourage the institutions within the Community College System to offer and maintain curricula which meet standards for educational quality. This is to ensure that those citizens of North Carolina who enter programs provided by the System are offered the opportunity to obtain an education which meets the requirements for employment as well as those for matriculation to other institutions of higher education. To this end the State Board has instructed the Department to assist the institutions in the development of curricula, standards, and competencies for each program.

Graduates of the Emergency Medical Science programs offered by institutions of the System are expected to have the necessary knowledge and skills to perform the duties of the Emergency Medical Technician-Paramedic in a variety of pre-hospital settings. The purpose of this manual is to provide a model set of guidelines for the education and training of the Emergency Medical Technician-Paramedic and is the result of a Competency-Based Curriculum Project initiated and coordinated by the Program Development Services Division of the North Carolina Department of Community Colleges.

The curriculum guidelines presented in this manual should be considered the minimum standards to be used by curriculum planners throughout the System in the development of new programs in



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Emergency Medical Science or by evaluators in their reviews of existing programs. In developing these guidelines, the current accreditation standards developed by the Joint Review Committee on Educational Programs for the Emergency Medical Technician-Paramedic have been incorporated.

Emergency Medical Science: Curriculum Models, Guidelines, and Competencies contains information concerning this competency-based curriculum development project including its goals, purpose, methods, and procedures; job opportunities and titles available to graduates of the Emergency Medical Science programs; task lists and use of the tasks, competencies, and evaluative criteria; and the curriculum standard and a suggested curriculum by quarters with course descriptions and course outlines.

Repre entatives from the North Carolina EMS Curriculum Educators Association including educators from all the Emergency Medical Science programs in the community college system participated in the task analysis phase of this project. They were also involved in the development of the model curriculum, clinical evaluation criteria, and equipment lists presented here.

The materials in this document supersede all previous publications of the Department of Community Colleges for Emergency Medical Science (T-139).

Chapter I contains information about the community college system and the Emergency Medical Science program. It also describes the purpose of the project and the procedures followed in carrying out the project.

Chapter II contains information concerning laws and regulations governing the practice of the emergency medical technician-paramedic (EMT-P) and job opportunities available to graduates of the Emergency Medical Science program.

Chapter III contains the tasks, competencies, and evaluative criteria arranged by subject area and correlated to courses in the model curriculum.

Chapter IV includes the curriculum standard for Emergency Medical Science (T-139), the model curriculum, and descriptions and outlines for the courses in that curriculum.

Chapter V describes the implementation process for a program in Emergency Medical Science. The process conforms to the essentials for accreditation established by the Joint Review Committee on Educational Programs for the Emergency Medical Technician-Paramedic.

The Appendices contain the accreditation standards, applicable North Carolina Department of Human Resources regulations, project data, sample clinical evaluation criteria, and a suggested equipment list.



ACKNOWLEDGEMENTS

This project required the assistance and support of members of the North Carolina EMS Curriculum Educators Association which is composed of faculty from the seven institutions which presently offer the associate degree program in Emergency Medical Science (T139) and the baccalaureate degree program in Emergency Medical Care at Western Carolina University. Members of the Association formed the Advisory Committee for this competency-based curriculum project.

The Department of Community Colleges and the project writer acknowledge with deep appreciation the assistance provided by the Competency-Based Curriculum Advisory Committee. Their unfailing dedication to this project in terms of time and resources demonstrates their committment to quality education while their input and critique reflect the strong knowledge base in emergency medical science which is the foundation of the educational programs with which they are affiliated.

Members of the Advisory Committee

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Wilson Technical College Barbara McMahon

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CHAPTER I



Chapter I

INTRODUCTION TO THE CURRICULUM DEVELOPMENT PROJECT

Background

An Emergency Medical Sciences curriculum has been in the Community College System since 1977. The first curriculum was a 120 credit hour program offered over a period of seven quarters. Prior to that time, training for emergency medical personnel in the community college system occurred on a part-time basis through continuing education.

Over the years the roles and responsibilities of emergency medical personnel have expanded. The curriculum has been modified to address the more defined roles of the emergency medical personnel. The current curriculum allows students to exit at the Emergency Medical Technician (EMT) level, the Emergency Medical Technician-Defibrillator (EMT-D) level, the Emergency Medical Advanced Intermediate (EMT-AI) level or the Emergency Medical Technician-Paramedic (EMT-P) level. Completion of the two-year program at the paramedic level also results in students having received the credits necessary to obtain an associate degree. These allied health specialists are employed by ambulance, rescue, or aeromedical services, in specialty areas of hospitals, and by industry, educational institutions, and governmental agencies.



Vocational/Technical Education

The primary objective of the vocational/technical programs of the Community College System is to prepare individuals for employment in occupations for which the programs are designed and developed. This education should be consistent with the needs, abilities, and desires of the student and maintain quality standards that are consistent with employment requirements and state and federal laws. Since the development of the North Carolina Community College System, continuous concern and effort have been given to ensuring quality of programs, providing program guidelines, evaluating programs, improving the articulation process, and working with students, employers, and educators to determine the needs of both students and employers in industry and the public sector.

To further the development of quality vocational/technical programs and articulation between programs in the secondary schools and the community and technical colleges, the North Carolina Advisory Council on Vocational Education recommended in its 1975 Annual Report:

That the State Board of Education require that all vocational curricula be designed to produce job entry skills, be based on performance objectives validated by recent job analysis and task analysis, and that parallel performance standards be established for completion of secondary and postsecondary programs, and that the State Board of Education immediately consider the most efficient, expedient method for attaining such a goal.

To begin implementation of the Advisory Council's recommendation and to continue to improve the development of



quality vocational and technical curricula, the Program Development Services staff of the Department of Community Colleges designed a competency-based curriculum project in 1976 to be used to develop competencies for the vocational and technical curricula offered in the System. This project was developed to alleviate the following concerns about vocational/technical education:

- 1. That a quality of instruction is present which makes it possible for individuals completing a curriculum or phase of a curriculum to be prepared for employment.
- 2. That functional articulation exists between the secondary and post/secondary curricula.
- 3. That employers, employees, and educators be involved in curriculum development.
- 4. That curricula are current and in accordance with the technologies of the workplace.

Purpose of the Project

The purposes of the outcome-competency based curriculum development project are to: (a) describe the desired outcomes of occupational programs, (b) provide for increased consistency among programs, and (c) provide mechanisms for improved articulation with secondary and postsecondary occupational programs.

In response to concerns regarding vocational/technical education, the project is designed to provide: (a) a validated list of career opportunities for which each curriculum provides training and education, (b) the tasks performed by employees in each job, (c) a list

of competencies and evaluative criteria essential to successfully perform in the job, (d) curriculum guidelines, and (e) curriculum materials based on outcome-competencies. The project specifically:

- 1. Identifies each curriculum to be analyzed.
- 2. Identifies resources for curriculum development.
- 3. Identifies career opportunities for each curriculum.
- 4. Identifies tasks performed on the job.
- 5. Identifies outcome-competencies and the level of competency for each task.
- 6. Provides evaluative criteria for each competency.
- 7. Provides information for development and/or revision of curriculum guidelines and materials.

Methods and Procedures

The procedure used in conducting the outcome-competency based project for the Emergency Medical Science curriculum consisted of the following.

- 1. Identification of the curriculum for which competencies were to be developed.
- 2. A search for existing outcome-competency based curriculum materials and educational materials used in Emergency Medical Science programs in the Community College System.
- 3. Identification and validation of job titles currently used in the public and private sectors for the various certification levels of the emergency medical technician.



- 4. Development of a list of tasks by the Advisory Committee and validated by an employers and employees survey.
- 5. Development of the competency and evaluative criterion for each task.
- 6. Writing of a curriculum standard and its adoption by the Advisory Committee.
- 7. Development of a model curriculum by the Advisory Committee.
- 8. Writing of course descriptions and outlines to accompany the model curriculum.

<u>Tasks</u>

Input from employers and employees is one of the goals of the outcome-competency based curriculum project. One way this was accomplished in this project was through the development of the task list presented in this manual. The task list evolved from a listing of specific tasks and competencies developed in 1989 by the DACUM Project of Guilford Technical Community College (see Appendix A). The DACUM panel was composed of EMT-pa. medics and paramedic supervisors who are also employers. This DACUM listing was then modified by the educators on the project Advisory Committee to incorporate current practice. As such, it reflects an understanding of the job by a cross section of those involved in education and employment.

The final task list includes skills that the graduate must know in order to function at a beginning level of competency. Because there currently exist in North Carolina five levels of certification of the

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emergency medical technician, the task list also reflects the lowest level of certification at which an individual can be expected to perform a particular task on the job. The job market and local regulations in certain locales may dictate the addition or deletion of tasks. In the future as practice standards change, additional tasks will need to be added to the list and competencies and evaluative criteria written to accompany them.

Since it is the responsibility of the Advisory Committee to establish minimum tasks and competencies and not to determine what is taught or how to teach, the committee recommends that faculty members responsible for individual courses review the tasks and accompanying instructional content, learner activities, and outcome competencies and select those appropriate for classroom, clinical, and field experiences in their locale.

CHAPTER II



Chapter II

SCOPE OF PRACTICE, STANDARDS, JOB OPPORTUNITIES

In describing the scope of practice, regulatory authority, and professional standards for education and practice of the emergency medical technician (EMT) and, in particular, that of the EMT-paramedic, the information presented here is meant to assist program directors, instructors, and other interested parties including medical directors and advisory committee members, in determining the appropriate educational experiences for the emergency medical technician.

Background

The emergency medical technician-paramedic (EMT-P) is one of the newer members of the health care team. From its origins in the early 1970's in the states of Ohio, Florida, Washington and California, the concept of advanced life support rendered by a physician at the scene of an acute illness or injury has grown to encompass all 50 states where paramedics now serve urban, suburban, and rural populations.

Depending on the state, the EMT-P is either a certified or licensed member of the health care team. In North Carolina, certification is granted by the North Carolina Board of Medical Examiners. In addition to the EMT-P, the Board also certifies for practice at the advanced life support level the EMT-advanced intermediate (EMT-AI), the EMT-intermediate (EMT-I) and the EMT-defibrillation (EMT-D). While this



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manual is directed to the curriculum of the EMT-P, reference is made to the other levels of certification including that of the basic emergency medical technician (EMT). Students in an Emergency Medical Science program may achieve certain of these certifications by completing phases of the Emergency Medical Science curriculum and complying with other certification regulations as outlined in the North Carolina Administrative Code.

Scope of Practice of the EMT-Paramedic

The paramedic "provides prehospital emergency care under medical command authority to acutely ill and/or injured patients and/or transports patients by ambulance or other appropriate emergency vehicle" (JRCEMT-P, 1989, p. 5). So says the Joint Review Committee on Educational Programs for the Emergency Medical Technician-Paramedic in their description of the profession contained in the Essentials and Guidelines for an Accredited Program (1989). In order to fulfill the role of the EMT-P, an individual must be able to perform certain tasks which are outlined in this manual.

Statutes and Regulations

The practice of the EMT-P is governed by the General Statutes of North Carolina (G.S.N.C.) as well as the rules and regulations of the North Carolina Administrative Code (N.C.A.C.) (see Appendix C, D, & E).

The Emergency Medical Services Act of 1973, G.S.N.C. §§ 143-501-520 (1990) (see Appendix C), empowers the Department of Human Resources to establish an emergency medical services



program for the state. It also authorizes the North Carolina Medical Care Commission to adopt rules and regulations to carry out Article 56 and Article 7 Regulation of Arrbulance Services, G.S.N.C. §§ 131E-155-164 (1990) (see Appendix D).

Article 56 directs the Department of Human Resources to cooperate with state educational institutions to develop training programs for EMS personnel (G.S.N.C. § 143-514, 1990). In addition, it directs that graduates of these programs be permitted to perform at the level of their training in accordance with rules and regulations established by the Board of Medical Examiners (G.S.N.C. § 143-514, 1990). These rules and regulations, found in the North Carolina Administrative Code T21: 32H .0100-1000 (1990) (see Appendix E), govern the practice of the EMT-P, EMT-AI, FT 5-I, and EMT-D.

The establishment of regulations governing the certification of the basic EMT is granted to the Medical Care Commission (G.S.N.C. §131E-157, 1990). Performance standards for the EMT are found in N.C.A.C. T10; 3D .1206 (1990) (see Appendix F).

Certification at all levels is handled through the North Carolina Department of Human Resources, Division of Facility Services, Office of Emergency Medical Services.

Professional Standards

While the general statutes and administrative code of North Carolina provide the laws and regulations which govern the practice of the EMT-paramedic, it is generally recognized that the practice of an allied health professional is also guided by professional standards of behavior. The National Association of Emergency Medical

Technicians (NAEMT) adopted The EMT Oath and The EMT Code of Ethics in 1978.

In addition, the "Essentials and Guidelines for an Accredited Educational Program", state that "the EMT-P should demonstrate: (1) an awareness of abilities and limitations; (2) the ability to relate to people: and (3) the capacity to make rational patient-care decisions under stress (JRCEMT-P, 1989, p. 5). All these guidelines serve to direct the professional in emergency medical service.



Accreditation

The Committee on Allied Health Education and Accreditation (CAHEA) grants accreditation to educational programs for the Emergency Medical Technician-Paramedic which meet or exceed standards of quality established by the Joint Review Committee on Allied Health Education for the EMT-Paramedic (JRCEMT-P) and which are recommended by the Joint Review Committee to CAHEA for accreditation. Member organizations of the Joint Review Committee include the American College of Emergency Physicians, the American College of Surgeons, the American Society of Anesthesiologists, the National Association of Emergency Medical Technicians, the National Registry of Emergency Medical Technicians, and the American Medical Association. Accreditation is currently voluntary in North Carolina. However, several southeastern states have mandated CAHEA accreditation for all paramedic programs within their borders.

The "Essentials and Guidelines for an Accredited Educational Program", the standards to be used for the development, evaluation, and self-study of EMT-P programs, were initially adopted by the JRCEMT-P in 1978 and revised in 1989 (see Appendix B). The extent to which a program complies with the essentials for accreditation as demonstrated by the submission of a self-study and an on-site review determines the accreditation status recommended to CAHEA by the Joint Review Committee. Accreditation is granted for a maximum of five years. Further information on accreditation of educational programs for the EMT-Paramedic may be obtained from:



Executive Secretary

Joint Review Committee on Educational Programs for the EMT-Paramedic

1701 West Euless Blvd. Suite 200

Euless, TX 76040

Office of the Secretary
Allied Health Education and Accreditation
American Medical Association
535 North Dearborn Street
Chicago, IL 60610

Job Titles

Neither the <u>Dictionary of Occupational Titles</u>, (1977) nor the <u>Supplement to the Dictionary of Occupational Titles</u> (1982) make reference to the EMT-paramedic. The occupational title Emergency Medical Technician is an addition to the fourth edition of the dictionary as no reference is made to the EMT in the third edition of 1965. The fourth edition (p.65) offers the following job description for the EMT.

Administers first-aid treatment to and transports sick or injured persons to medical facility, working as member of emergency medical team: Responds to instructions from emergency medical dispatcher and drives specially equipped emergency vehicle to specified location. Monitors communication equipment to maintain contact with dispatcher. Removes or assists in removal of victims from scene of accident or catastrophe, to establish first aid procedures to be followed or need for additional assistance, basing decisions on statements of persons involved, examination of victim or victims, and knowledge of emergency medical practice. Administers prescribed first-aid treatment at site of emergency, or in specially equipped vehicle, performing such

activities as application of splints, administration of oxygen or intravenous injections, treatment of minor wounds or abrasions, or administration of artificial resuscitation. Communicates with professional medical personnel at emergency treatment facility to obtain instruction regarding further treatment and to arrange for reception of victims at treatment facility. Assists in removal of victims from vehicle and transfer of victims to treatment center. Assists treatment center admitting personnel to obtain and record information related to victims' vital statistics and circumstances of emergency. Maintains vehicles and medical and communication equipment and replenishes first-aid equipment and supplies. May assist in controlling crowds. protecting valuables, or performing other duties at scene of catastrophe. May assist professional medical personnel in emergency treatment administered at medical facility.

While not particularly helpful in identifying job titles associated with the certification of EMT-P, this description when compared to the task list developed as part of this project demonstrates the expanding role for the "MT and the various advanced certification levels above EMT which has occurred since 1977.

Job Opportunities

The Emergency Medical Science program outlined in this manual will provide the opportunity for an individual to enter into an array of jobs at the entry level. Although the Emergency Medical Science program is designed for the education of the EMT-paramedic, students may leave the program following the completion of various phases associated with the various levels of EMT certification and find job opportunities available. Entry level positions are available with public and private providers of pre-hospital emergency medical service. EMS systems operating at levels below EMT-P may hire the

EMT-P graduate into a training or supervisory position. For this reason entry level job opportunities include training, supervisory, and administrative positions.

A review of Table IX, Emergency Medical Services in <u>County</u>

<u>Salaries</u> (Burgess, 1991), is representative of the positions available.

These include:

Emergency Medical Technician

Emergency Medical Technician-Defibrillator

Emergency Medical Technician-Intermediate

Emergency Medical Technician-Advanced Intermediate

Emergency Medical Technician-Paramedic

Emergency Medical Services Trainer/Administrator
Crew Chief
Training Officer
Snift Supervisor
Assistant Director



CHAPTER III



Chapter III

TASKS, COMPETENCIES, AND EVALUATIVE CRITERIA

The tasks, competencies, and evaluative criteria presented in this chapter form the foundation of instruction presented in curriculum form in Chapter IV.

Task Analysis

The task list was developed through a process known as task analysis. Task analysis begins with the identification of broad situational categories which the practitioner may be expected to encounter on the job. In this project these categories are referred to as subject areas. Descriptions of specific actions which are required to deal with these situational categories are then formulated. These actions become the specific tasks of each subject area. Competencies required to perform these tasks at a minimum acceptable level are identified and a specific competency is defined for each task (Knowles, 1980). Finally, an evaluative criterion is established for each defined competency. Each criterion provides a standard of judgement against which performance may be measured and ensures that a minimum acceptable level of performance is achieved.

Beginning with a list of EMT-Paramedic general competencies and specific tasks developed by the DACUM Project of Guilford Technical Community College (see Appendix A), the Competency-Based Curriculum Advisory Committee of this project worked to refine this original task list by combining, expanding, and deleting subject areas



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and tasks. General Areas of Competence developed as headings for specific groupings of tasks in the DACUM Project were reviewed and revised to become the subject areas of this task analysis. Such a revision then necessitated a review and revision of the tasks outlined for each subject area in the DACUM Project. Finally, courses of a model curriculum were developed which would provide the necessary instruction and ensure that graduates would have the knowledge and skills necessary to perform the tasks of the job.

Since subject areas define broad performance expectations, a subject area and the individual tasks encompassed by that subject area may appear in the instructional content of one or more curriculum courses. Further, although this project and the Emergency Medical Science curriculum focus on the education of paramedics, it is recognized that there exist several exit levels from the program corresponding to various EMT certification levels available in North Specifically those are emergency medical technician (EMT), EMT-defibrillator (EMT-D), EMT-intermediate (EMT-I), EMT-advanced intermediate (EMT-AI), as well as EMT-paramedic (EMT-P). The Subject Area/Task List provided here also delineates those tasks individuals may expect to perform on the job at each of the levels of certification. As an individual attains a higher level of certification, performance of tasks assumed as part of the job at a lower level become tasks associated with a job performed at a more advanced level.

The Advisory Committee developed competencies for the first two subject areas to serve as a guide to the project writer in the

development of competencies for the tasks in each of the remaining nine subject areas. Based on these competencies, evaluative criteria were developed by the project writer.

The Subject Area and Task Lists begin on page 21.

The Task Analysis/Course Correlation Charts begin on page 31.

<u>Task</u>

Tasks are specific pieces of work that graduates of the Emergency Medical Science curriculum may expect to perform in onthe-job situations. As such, they are defined with action verbs and presented without qualifiers. The task list presented here and expanded in the Task Analysis/Course Correlation Charts which follow is the result of a collaborative process of development and review. It has been used as a guide in developing the model curriculum presented in Chapter IV and can serve as the basis for the development or revision of Emergency Medical Science curriculums by program directors and advisory committees.

Competency

Competency implies adequate. It suggests that an individual possesses sufficient knowledge, skills, experience and insight for a particular purpose. In the context of task analysis, that purpose is the performance of a job-related task at a minimum level of proficiency. As such, competencies are described with action verbs and those qualifiers necessary to define proficiency. An outcome competency includes the expected results.



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These competencies do not preclude the development of additional competencies by the instructor. However, in defining the minimum performance level expected of the entry level practitioner in the performance of job-related tasks, they define that minimum performance level which must be achieved by the student and assume that this performance will be assessed.

Evaluative Criterion

Evaluative criteria are standards for judging. In this context, judgement is made on the basis of that performance expected of an entry level practitioner. Each evaluative criterion is directly tied to the achievement level described by its competency and through that competency to the specific task. As such, specifics of the evaluation in terms of percentages, pass/fail criteria, number of successes, time limits, and the like are left to the wisdom of the instructional staff. Rather, these task-related criteria are oriented to the ultimate evaluation criterion, the ability of the practitioner to perform the tasks of the job. However, it is critical that the evaluative measures of competency developed, do, in fact, measure the competency of the task rather than assume competency or measure a competency other than that of the task (Langenbach, 1988).

Instructional Content

Each task presented initially in the Subject Area/Task List is expanded in the Task Analysis/Course Correlation Charts to include the instructional content, the learner activities, and outcome competencies associated with that content. The instructional

content for each task outlines those aspects of each task where the student will require a base of theoretical or practical knowledge in order to perform the task in its entirety. It also contains those aspects of decision making and problem solving appropriate to the task and presents topics for reflection necessary for the development of ethical attitudes and behavior.

Learner Activities

The learner activities are the learning experiences which will lead the student to develop competency in the task. They are activities which require participation of the student and, in that sense, are measurable behaviors. It is expected that many of the learner activities will be part of the course work in more than a single course. Such repetition reinforces the behaviors or requires the student to utilize the behavior in a different context. This repetition is reflected in the course numbers associated with each task.

Outcome Competency

The outcome competency follows from the learner activity and is a measure of achievement as the student progresses towards competency in the task. The outcome competency is meant to evaluate only the particular learner activity. However, this competency may be expected of the student in various contexts as the particular activity is incorporated in the instructional content of various courses.



19/20

Table I

List of Subject Areas

- A. Perform Patient Assessment
- B. Provide Care at the Basic Life Support Level
- C. Provide Care at the Advanced Life Support Level
- D. Follow Infection Control Procedures
- E Coordinate Rescue Efforts, Gain Access, and Extricate
- F. Communicate
- G Display Professionalism
- H Operate Emergency Vehicle
- 1. Document Actions
- J. Strive for Fhysical and Psychological Well-Being
- K. Coordinate Mass Casualty Incident

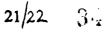




Table II

List of Tasks by Subject Area

Α.	Perform	Patient	Assessment
			7 1000001110111

- A-1 Conduct scene survey
- A-2 Perform primary survey
- A-3 Perform secondary survey
- A-4 Reevaluate patient status

B. Provide Care at the Basic Life Support Level

- B-1 Manage and maintain the airway
- B-2 Administer oxygen
- B-3 Immobilize the spine
- B-4 Perform cardiopulmonary resuscitation
- B-5 Control bleeding
- B-6 Treat for shock
- B-7 Obtain vital signs
- B-8 Treat medical emergencies
- B-9 Treat traumatic emergencies
- B-10 Treat environmental medical emergencies
- B-11 Utilize basic life support equipment on Category I ambulances
- B-12 Provide psychological support
- B-13 Provide information to patient/family
- B-14 Intervene in crisis situations
- B-15 Administer syrup of ipecac

C. Provide Care at the Advanced Life Support Level

- C-1 Insert an esophageal airway
- C-2 Perform endotracheal intubation
- C-3 Perform cricothyroidotomy
- C-4 Perform pleural decompression
- C-5 Obtain an electrocardiogram
- C-6 Interpret an electrocardiogram
- C-7 Perform direct current (DC) countershock with automatic or semi-automatic defibrillator
- C-8 Perform direct current (DC) countershock with manual defibrillator
- C-9 Perform external cardiac pacing
- C-10 Establish peripheral venous access
- C-11 Obtain venous blood sample
- C-12 Perform interossegus infusion



- C-13 Administer medications on EMT-intermediate formulary
- C-14 Administer medications on EMT-advanced intermediate formulary
- C-15 Administer medications on EMT-paramedic formulary
- C-16 Perform gastric lavage
- C-17 Utilize advanced life support equipment on EMT-Intermediate performance list
- C-18 Utilize advanced life support equipment on EMT-Advanced Intermediate performance list
- C-19 Utilize advanced life support equipment on EMT-Paramedic performance list
- C-20 Perform urinary catheterization

D. Follow Infection Control Procedures

- Utilize protective equipment D-1
- D-2 Practice aseptic techniques
- D-3 Dispose properly of biohazardous material
- D-4 Sanitize and disinfect unit and equipment
- D-5 Report significant exposure

E Coordinate Rescue Efforts, Gain Access, and Extricate

- E-1 Protect self
- E-2 Protect patient
- Identify equipment and personnel needs E-3
- E-4 Utilize rescue equipment
- Establish or function within an incident command system E-5

F. Communicate

- F-1 Develop professional rapport
- F-2 Relay patient information
- F-3 Communicate with special populations
- Operate communication equipment F-4

G Display Professionalism

- Comply with federal, state, and local rules, regulations, G-1 and guidelines
- Continue professional development G-2
- Protect confidentiality G-3
- G-4 Respect others
- G-5 Demonstrate ethical behavior
- G-6 Adhere to dress code
- G-7 Maintain personal hygiene
- Provide public education G-8



- H Operate Emergency Vehicle
 - H-1 Inventory vehicle equipment and supplies
 - H-2 Apply occupant restraints
 - H-3 Choose route
 - H-4 Drive vehicle
 - H-5 Position vehicle
- I. Document Actions
 - I-1 Complete ambulance call reports
 - 1-2 Complete incident/accident reports
 - I-3 Complete daily activity log
 - I-4 Complete supplemental forms
 - I-5 Record acceptance, transfer, and use of controlled drugs
- J. Strive for Physical and Psychological Well-Being
 - J-1 Apply principles of body mechanics to lifting and moving patients and equipment
 - J-2 Recognize stress and institute interventions
- K. Coordinate Mass Casualty Incident
 - K-1 Notify communication center
 - K-2 Establish command center
 - K-3 Establish interagency communications
 - K-4 Perform patient triage
 - K-5 Establish treatment area
 - K-6 Establish staging area
 - K-7 Request equipment and personnel
 - K-8 Coordinate patient transport
 - K-9 Coordinate perimeter security and scene safety
 - K-10 Critique incident



Table III

List of Tasks by Certification Level

Α.	Perfor	rn Patient Assessment	
	A-1	Conduct scene survey	EMT
	A-2	Perform primary survey	EMT
	A-3	Perform secondary survey	EMT
		Reevaluate patient status	EMT
B.	Provid	e Care at the Basic Life Support Level	
	B-1	Manage and maintain the airway	EMT
	B-2	Administer oxygen	EMT
	B-3	Immobilize the spine	EMT
	B-4	Perform cardiopulmonary resuscitation	EMT
	B-5	Control bleeding	EMT
	B-6	Treat for shock	EMT
	B-7	Obtain vital signs	EMT
		Treat medical emergencies	EMT
	B-9	Treat traumatic emergencies	EMT
	B-10	Treat environmental medical emergencies	EMT
	B-11	Utilize basic life support equipment on Category I	EMT
		ambulances	
	B-12	Provide psychological support	EMT
		Provide information to patient/family	EMT
	B-14	Intervene in crisis situations	EMT
	B-15	Administer syrup of ipecac	EMT
C.	Provid	le Care at the Advanced Life Support Level	
	C-1	Insert an esophageal airway	EMT-I
	C-2	Perform endotracheal intubation	EMT-A
	C-₹	Perform cricothyroidotomy	EMT-P
	C-4	Perform pleural decompression	EMT-P
	C-5	Obtain an electrocardiogram	EMT-A
	C-6	Interpret an electrocardiogram	EMT-A
	C-7	Perform direct current (DC) countershock with	EMT-D
		automatic or semi-automatic defibrillator	
	C-8	Perform direct current (DC) countershock with	EMT-A
		manual defibrillator	
	C-9	Perform external cardiac pacing	EMT-A
		Establish peripheral venous access	EMT-I
		Obtain venous blood sample	EMT-I
		Perform interesseous infusion	FMT-P



	C-13	Administer medications on EMT-intermediate	EMT-I
	C-14	formulary Administer medications on EMT-advanced	EMT-AI
	C-15	intermediate formulary Administer medications on EMT-paramedic	EMT-P
		formulary Perform gastric lavage Utilize advanced life support equipment on	EMT-P EMT-I
	C-18	EMT-Intermediate performance list Utilize advanced life support equipment on EMT-Advanced Intermediate performance list	EMT-AI
	C-19	Utilize advanced life support equipment on EMT-Paramedic performance list	EMT-P
	C-20	Perform urinary catheterization	EMT-P
D.		Dispose properly of biohazardous material Sanitize and disinfect unit and equipment	EMT EMT EMT EMT EMT
E	E-1 E-2 E-3	Frotect patient Icentify equipment and personnel needs Utilize rescue equipment	EMT EMT EMT EMT EMT
F.	F-1 F-2	Relay patient information Communicate with special populations	EMT EMT EMT EMT
G	Displ G-1	· · · · · · · · · · · · · · · · · · ·	EMT
	G-2 G-3 G-4 G-5	Protect confidentiality Respect others	EMT EMT EMT



	G-7	Adhere to dress code Maintain personal hygiene	EMT
	G-8	Provide public education	EMT
H.	Operat	te Emergency Vehicle	
	H-1	Inventory vehicle equipment and supplies	EMT
		Apply occupant restraints	EMT
		Choose route	EMT
		Drive vehicle	EMT
	H-5	Position vehicle	EMT
ı.	Docum	nent Actions	
	1-1	Complete ambulance call reports	EMT
	1-2	·	EMT
		Complete daily activity log	EMT
		Complete supplemental forms	EMT
	1-5	Record acceptance, transfer, and use of	EMT-P
		controlled drugs	
J.	Strive	for Physical and Psychological Well-Being	
	J-1	Apply principles of body mechanics to	EMT
		lifting and moving patients and equipment	
	J-2	Recognize stress and institute interventions	EMT
K.	Coord	inate Mass Casualty Incident	
	K-1		EMT
	K-2	Establish command center	EMT
		Establish interagency communications	EMT
	K-4	Perform patient triage	EMT
	K-5	Establish treatment area	EMT
	K-6	Establish staging area	EMT
	K-7	Request equipment and personnel	EMT
	K-8	Coordinate patient transport	EMT
	K-9	Coordinate perimeter security and scene safety	EVIT
	K-10	Critique incident	EMT

Perform rapid initial scene EVALUATIVE CRITERION: Perform Patient Assessment SUBJECT AREA:

survey according to protocol.

TASK NUMBER: A-1 Conduct scene survey

COMPETENCY: Identify aspects of the scene relevant to safety, mechanism of illness or injury, and preservation

of evidence.

EMS 151 EMS 153 E'AS 155 EMS 156 EMS 157 EMS 255 EMS 257 COURSE NUMBERS:

INSTRUCTIONAL CONTENT	LEARNER ACTIVITIES	OUTCOME COMPETENCY
A. Scene Safety	Identify aspects of the emergency scene which pose a risk to the safety of the EMT or the patient.	Recognize aspects of an emergency scene which pose a risk to the safety of the EMT or the patient.
 Physical environment a. terrain b. weather c. environment d. hazardous materials e. fire 	Identify hazards which pose a risk to the safety of the EMT and/or the patient.	Recognize what constitutes an environmental hazard in an emergency situation.
2. Special situationsa. hostage situationsb. threat from bystandersc. assaults	Identify situations which pose a risk to the safety of the EMT and/or the patient.	Determine which emergency situations pose a safety hazard.

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A-1 Conduct scene survey (continued)

TASK NUMBER:

INSTRUCTIONAL CONTENT	LEARNER ACTIVITIES	OUTCOME COMPETENCY
 Protection a. equipment b. additional personnel 	Identify equipment and manpower needs necessary to protect patient and rescue personnel.	Determine the equipment and/or personnel needed for a given emergency.
B. Mechanism of Illness/Injury1. Trauma injuries	Identify injuries produced by major	Recognize the type of force as

Recognize common injury patterns for mechanism of injury for a variety of mechanism of an acute emergency. Recognize Illness as a causative 3e as specific mechanisms of injury. patient presentations. Identify major causes of acute illness. Identify injuries produced by major categories of accidents. categories of force. forces causing injury blunt
 penetrating
 deceleration b. injury patterns 4) thermal 2. Illness

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A-1 Conduct scene survey (continued) TASK NUMBER: OUTCOME COMPETENCY scene. Identify techniques which will preserve preserving evidence at a controlled Identify patient care needs while LEARNER ACTIVITIES crime scene. 1. Priority of patient care Preservation of Evidence INSTRUCTIONAL CONTENT ပ

Identify techniques which will preserve the chain of evidence in special situations.

domestic disputes

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Special situations

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33/34

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Chain of evidence

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weapon involved

the chain of evidence.

Prioritize needs at a controlled crime

Demonstrate techniques which preserve evidence at a crime scene. Demonstrate techniques which preserve evidence in special situations.

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EVALUATIVE CRITERION:

SUBJECT AREA: Perform Patient Assessment

TASK NUMBER: A-2 Perform primary survey

COMPETENCY: Identify level of consciousness and status of airway, breathing, and circulation during

Identify without error the presence or absence of a patient's vital functions and take action to correct conditions which are a threat to life.

initial patient contact and correct ife-

threatening conditions.

EMS 151 EMS 153 EMS 155 EMS 156 EMS 157 EMS 255 EMS 257 COURSE NUMBERS:

35

c. infant

A-2 Perform primary survey (continued)

TASK NUMBER:

	INSTRUCTIONAL CONTENT	LEARNER ACTIVITIES	OUTCOME COMPETENCY
	4. Complicationsa. airway obstruction	Recognize airway obstruction and demonstrate methods for clearing an obstruction.	Identify an obstructed airway and employ techniques for clearing an obstructed airway in an adult, child, and infant according to AHA guidelines.
36	C. Breathing 1. Status	Assess adequacy of breathing in conscious and unconscious patients.	Determine the adequacy of breathing in conscious and unconscious patient presentations.
	2. Significance	Describe the significance of possible findings of breathing status assessment.	Identify the significance of various breathing status presentations.
	 Management a. non-breathing patient 	Demonstrate methods for rescue breathing In the non-breathing patient.	Ventilate a non-breathing adult, child and infant according to AHA guidelines.
	b. neck breathers	Demonstrate methods for rescue breathing a patient with a stoma.	Recognize the stoma patient and employ techniques for adequately ventilating such a patient.



A-2 Perform primary survey (continued)

TASK NUMBER:

	INSTRUCTIONAL CONTENT	LEARNER ACTIVITIES	OUTCOME COMPETENCY
	4. Complications a. gastric distension	Describe the patient risk and demonstrate rescue breathing techniques which reduce the possibility of gastric distension.	Employ techniques which adequately ventilate the patient and prevent gastric distension.
37	D. Circulation 1. Pulse status a. location b. rate c. quality d. rhythm	Assess existence and adequacy of a patient pulse.	Determine the status of the pulse in a variety of patient presentations.
	2. Significance	Describe the significance of possible findings of pulse assessment.	Identify the significance of various pulse presentations.
	 Management pulseless patient 	Demonstrate chest compression in the pulseless patient.	Perform chest compressions on a pulseless adult, child, and infant according to AHA standards.

Employ appropriate techniques for controlling hemorrhage.

demonstrate techniques for controlling hemorrhage

Describe the significance and

b. hemorrhage

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	OUTCOME COMPETENCY	Perform chest compressions on a pulseless adult, child, and infant according to AHA standards.
(continued)	LEARNER ACTIVITIES	Describe the injuries to the patient which may result from improper chest compressions.
FASK NUMBER: A-2 Perform primary survey	INSTRUCTIONAL CONTENT	4. Complications a. Injury to patient n



Perform Patient Assessment SUBJECT AREA:

EVALUATIVE CRITERION:

Systematically evaluate the patient from head to toe.

> A-3 Perform secondary survey TASK NUMBER:

evaluation of the patient following the primary Perform systematic subjective and objective

COMPETENCY:

survey.

EMS 151 EMS 153 EMS 155 EMS 156 EMS 157 EMS 255 EMS 257 COUPSE NUMBERS:

OUTCOME COMPETENCY	Obtain information pertinent to the chief complaint, history of the present illness
LEARNER ACTIVITIES	Demonstrate techniques for obtaining information from the patient and others
INSTRUCTIONAL CONTENT	A. Subjective Examination 1. Identify self

in the emergency setting.

illness complaint, nistory of the present inness or injury, past medical history, current medications, and allergies in the emergency setting.

> Objective Examination œ.

allergies

1. Head to toe survey a. head

abdomen and pelvis chest neck ပ ف ö

back Θ.

lower extremities

upper extremities

employed in a systematic evaluation of inspection, palpation, and auscultation the patient in the emergency setting. Demonstrate the techniques of

Determine the extent of patient injury by systematically evaluating the patient employing appropriate examination techniques.



history of the present

ف

a. chief complaint

Reassure patient Take a history

2, 6,

past medical history current medications

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illness

TASK NUMBER: A-3 Perform secondary survey (continued)

LO .	STIVITIES OUTCOME COMPETENCY	Check for medical alert symbol. medical alert symbol on the emergency patient.	Demonstrate techniques for obtaining Determine the status of a patient's basic information concerning the status neurological functions the mini-neurological examination. appropriate to the secondary survey.
=	ASTRUCTIONAL CONTENT LEARNER ACTIVITIES		Neurological examination a. AVPU b. verbal response c. motor response d. sensory response

10 10

Reevaluate scene and patient status in a timely manner.

EVALUATIVE CRITERION:

Perform Patient Assessment SUBJECT AREA:

A-4 Reevaluate patient status TASK NUMBER: Periodically reassess scene and patient's condition following the primary and secondary survey.

COMPETENCY:

EMS 151 EMS 153 EMS 155 EMS 156 EMS 157 EMS 255 EMS 257 COURSE NUMBERS:

	-	INSTRUCTIONAL ACTIVITIES	LEARNER ACTIVITIES	OUTCOME COMPETENCY
47	Ä	A. Significance of Reassessment	Describe the need for periodic patient reassessment.	Perform patient reassessment as warranted by the initial patient survey.
1/42	œί	Scene Safety	Reassess safety, manpower, and equipment status conditions at the scene of an emergency.	Perform a reassessment of scene safety and manpower and equipment needs as warranted by initial survey and patient assessment.
	ပ	Primary Survey	Reassess the status of the patient's level of consciousness, airway, breathing, and circulation.	Perform primary survey reassessment of the patient as warranted by the patient's condition.
	Ö.	Secondary Survey	Reassess the patient based on findings of the secondary survey.	Perform secondary survey reassessment of the patient as warranted by the patient's condition.



Provide Care at the Basic Life Support Level SUBJECT AREA:

EVALUATIVE CRITERION:

Maintain a patent airway at

Ensure patency of the airway at all times. B-1 Manage and maintain the airway TASK NUMBER: COMPETENCY:

all times.

COURSE NUMBERS:

EMS 151 EMS 153 EMS 155 EMS 156 EMS 157 EMS 255 EMS 257

OUTCOME COMPETENCY **LEARNER ACTIVITIES** INSTRUCTIONAL ACTIVITIES

Employ appropriate techniques for opening the airway in a variety of patient presentations.

> head-tilt chin lift Airway Management Open the airway jaw thrust ૡં Ď. Ä

removal of airway

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obstruction

Demonstrate techniques for opening the airway through manual methods. Demonstrate the use of basic life support equipment in maintaining an open airway.

equipment in the maintenance of a patent Employ appropriate airway adjunct airway in a variety of patient presentations.

> nasopharyngeal airway suction equipment ည် ပဲ

oropharyngeal airway

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Airway adjuncts

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Demonstrate techniques for ventilating a patient without the use of adjunct equipment

manually in a variety of presentations. Employ appropriate techniques for adequately ventilating the patient

> mouth-to-mouth mouth-to-stoma mouth-to-nose ત્ ف

1. Unassisted rescue breathing

Ventilation Techniques

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(continued)
nage and maintain the airway
Manage and
B-1
TASK NUMBER:

OUTCOME COMPETENCY	support Employ appropriate techniques for adequately ventilating the patient using adjunct equipment in a variety of presentations.
LEARNER ACTIVITIES	Demonstrate the use of basic life support equipment in ventilating the patient.
INSTRUCTIONAL ACTIVITIES	 Ventilation assist devices a. pocket face mask b. bag-valve-mask

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Provide Care at the Basic Life Support Level SUBJECT AREA:

B-2 Administer oxygen

TASK NUMBER:

EVALUATIVE CRITERION: Provid

Provide supplemental oxygen to a patient in need of oxygen therapy.

COMPETENCY: Administer oxygen utilizing the needed oxygen delivery device

CRITERION: P

COURSE NUMBERS: EMS 152 EMS 153 EMS 155 EMS 255 EMS 257

OUTCOME COMPETENCY LEARINER ACTIVITIES INSTRUCTIONAL ACTIVITIES

A. Need for Supplemental Oxygen

1. Respiratory arrest

45

2. Hypoxia

Describe the patient in need of supplemental oxygen therapy.

Recognize the non-breathing patient as a candidate for supplemental oxygen therapy.

therapy.

Recognize the breathing patient who

Recognize the breathing patient who is a candidate for supplemental oxygen therapy.

Assemble equipment correctly for the administration of oxygen.

Oxygen Equipment

1. Oxygen cylinders

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Pressure regulators

Flowmeters

Humidifiers

preparing for oxygen administration to the patient.

Demonstrate the techniques of assembling oxygen equipment and

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	OUTCOME	
	LEARNER ACTIVITIES	
مودة بالإرادة بسدون والمراشور والمراب والمراج والمراج والمراج والمراج والمراج والمراج والمراج والمراج والمراج	INSTRUCTIONAL ACTIVITIES	

B-2 Administer oxygen (continued)

TASK NUMBER:

COMPETENCY

Describe candidates for supplemental oxygen therapy by various basic life

Oxygen Delivery Devices

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Nasal cannula Face masks

support oxygen delivery devices.

patients in a variety of presentations. Employ techniques appropriate to the delivery of supplemental oxygen to

> Demonstrate the technique for use of the basic life support oxygen delivery devices.

> > Demand valve resuscitator Pocket mask with inlet

Bag-valve-mask

Venturi masks

avoid risk to the patient and practitioner delivery of supplemental oxygen which from the non-medical hazards of this Employ techniques appropriate to the therapy.

associated with the use of supplemental Describe the non-medical hazards oxygen.

supplemental oxygen from a variety of Identify those patients at risk from patient presentations.

oxygen delivery equipment which avoid Demonstrate the techniques of handling the non-medical hazards.

supplemental oxygen may place the

patient at risk.

Describe patient conditions where

2. Medical hazards

<u>က</u> (၁)

1. Non-medical hazards

Hazards

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B-2 Administer oxygen (continued)

TASK NUMBER:

	INSTRUCTIONAL ACTIVITIES	LEARNER ACTIVITIES	OUTCOME COMPETENCY
ш	Techniques of Administration 1. Non-breathing patient	Demonstrate techniques of administering oxygen to the non-breathing patient	Employ the appropriate devices and techniques for delivering supplemental oxygen to non-breathing adults, children, and infants.
	2. Breathing patient	Demonstrate techniques of administering oxygen to the breathing patient	Employ the appropriate devices and techniques for delivering supplemental oxygen to breathing adults, children, and infants in a variety of presentations.

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EVALUATIVE CRITERION: Provide Cara at the Basic Life Support Level SUBJECT AREA:

Immobilize the spine of the patient with a suspected spinal injury.

Stabilize the spine as indicated by the B-3 Immobilize the spine TASK NUMBER: COMPETENCY: EMS 152 EMS 153 EMS 156 EMS 255 EMS 257 COURSE NUMBERS:

mechanism of injury.

_	INSTRUCTIONAL ACTIVITIES	LEARNER ACTIVITIES	OUTCOME COMPETENCY
i d	Mechanism of Injury 1. Accident 2. Penetrating injury 3. Unconscious 4. Head trauma	Describe conditions which may cause the rescuer to suspect spinal injury.	Recognize without error the patient requiring spinal immobilization.
ங்	Assessing for Spinal Injuries 1. Conscious patient 2. Unconscious patient	Demonstrate techniques for determining possible spinal injury.	Determine the status of the spinal cord in conscious and unconscious patient presentations.
Ö	Temporary Immobilization 1. Manual axial stabilization	Demonstrate techniques for manually stabilizing the cervical spine.	Manually stabilize the cervical spine in a variety of patient presentations.
	 Cervical collar application a. seated b. supine 	Demonstrate techniques for the application of a cervical collar to the suspected spinal injury patient.	Apply a cervical collar while maintaining manual stabilization in a variety of patient presentations.

(continued)

B-3 Immobilize the spine

TASK NUMBER:

OUTCOME COMPETENCY	Move the spine injured patlent to a transfer device while maintaining spina
LEARNER ACTIVITIES	Demonstrate techniques for moving a spine injured patient to a transfer
INSTRUCTIONAL ACTIVITIES	D. Moving the Spinal Injury Patient1. Log rolls

	ior immobilizing a long spine
device.	Demonstrate techniques for immobilizing a spine injured patient to a long spine board.

a spine injured patient to a long spine board.	spine board.
Demonstrate techniques for immobilizing the head of a spine injured patient on a spine board.	Secure the head of a spine injured patient to a spine board.

π.	Special Situations		
	1. Removal from vehicles		
	a. use of extrication devices	Demonstrate procedures for applying a	Remove a spine injured of
		variety of devices to seated spine	vehicle using an extricat
		Injured patients.	ı

f occupant from a ation device.

Secured Immobilization 1. Spine boards

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2. Head immobilization

B-3 Immobilize the spine (continued)

TASK NUMBER:

INSTRUCTIONAL ACTIVITIES	LEARNER ACTIVITIES	OUTCOME COMPETENCY
b. rapid extrication	Describe situations requiring the removal of a spine injured patient from a vehicle without delay	Identify extrication situations which threaten the well being of the patient.
	Demonstrate the techniques for rapid removal of the compromised spine injured patient.	Remove the compromised spine injured patient from a vehicle rapidly while maintaining spinal immobilization without the use of extrication equipment.
2. Removal from water	Demonstrate the technique for removing the spine injured patient from the water on a spine board.	While insuring rescuer safety, remove a spine injured patient from the water on a short board.

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EVALUATIVE	CRITERION:
Provide Care at the Basic Life Support Level	
SUBJECT AREA:	

B-4 Perform cardiopulmonary resuscitation(CPR)

TASK NUMBER:

Heart Association (AHA) standards. and infants according to American Perform CPR on adults, children,

COMPETENCY:

Perform CPR when confronted with a pulseless, non-breathing patient.

EMS 152 EMS 153 EMS 155 EMS 157 EMS 255 EMS 257 COURSE NUMBERS:

OUTCOME COMPETENCY	ining Determine unresponsiveness according to American Heart Association (AHA) performance guidelines.	sed. Call for help as prescribed by AHA performance guidelines.
LEARNER ACTIVITIES	Demonstrate the steps in determining unresponsiveness.	Call for help after establishing need.
INSTRUCTIONAL ACTIVITIES	A. Level of Consciousness	B. Assistr ≎e

infant

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outlined in AHA performance guidelines for opening the airway in a variety of

patient presentations.

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Employ appropriate techniques as

Demonstrate mothods for opening an

airway.

non-trauma patient

Open Airway

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a. adult child 2. trauma patient

· .,

B-4 Perform cardiopulmonary resuscitation (CPR) (continued) TASK NUMBER:

INSTRUCTIONAL ACTIVITIES	LEARNER ACTIVITIES	OUTCOME COMPETENCY
C. Breathing 1. Assessment a. adult b. child c. infant	Demonstrate methods for assessing breathlessness.	Determine breathlessness in a variety of patients according to AHA performance guidelines.
2. Ventilation a. adult b. child c. infant	Demonstrate techniques for initial rescue breathing of the nonbreathing patient.	Perform initial ventilation on a non- breathing adult, child, and infant according to AHA performance guidelines.
d. neck breather	Demonstrate methods for rescue breathing a patient with a stoma.	Recognize the stoma patient and employ techniques for adequately ventilating such a patient.
D. Circulation1. Assessmenta. adultb. childc. infant	Demonstrate methods for assessing pulselessness.	Determine pulselessness in the adult, child and infant according to AHA performance guidelines.
2. Reporting	State the results of the assessment of the pulse when working with another rescuer	Alert another rescuer to a pulseless patient condition.

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(continued) B-4 Perform cardiopulmonary resuscitation (CPR)

TASK NUMBER:

OUTCOME COMPETENCY	Perform chest compressions on a pulseless adult, child, and infant according to AHA performance guidelines.
LEARNER ACTIVITIES	Demonstrate the methods of chest compression for the pulseless patient.
INSTRUCTIONAL ACTIVITIES	 Chest compressions a. adult b. child c. infant

ventilations for a variety of pulseless, breathless patients according to AHA Perform chest compressions and performance guidelines.

Demonstrate the sequence for providing chest compressions and ventilations to

Compression/Ventilation Cycles

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1. One rescuer CPR

a. adult b. child c. infant child infant

the pulseless/breathless patient.

33

Two rescuer CPR

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a. adult b. child

SUBJECT AREA: Provide Care at the Basic Life Support Level

EVALUATIVE
CRITERION: Prevent additional blood loss in the patient with hemorrhage.

TASK NUMBER: B-5 Control bleeding

COMPETENCY: Apply techniques of hemorrhage control to

prevent blood loss.

COURSE NUMBERS: EMS 151 EMS 152 EMS 153 EMS 156 EMS 255

	INSTE	INSTRUCTIONAL ACTIVITIES	LEARNER ACTIVITIES	OUTCOME COMPETENCY
57). Ext	External Hemorrhage Control 1. Direct pressure a. pressure dressing	Demonstrate techniques for controlling external bleeding through direct pressure.	Apply direct pressure to various wound sites while avoiding all contact with the patient's body fluids.
	αi	Elevation	Demonstrate techniques for combining elevation with direct pressure to control external bleeding	Eievate wounded extremities once direct pressure is applied.
	ဗ်	3. Pressure points	Describe the Incation and use of pressure points which may be employed to control bleeding.	Apply pressure to the appropriate pressure point for a given wound.
	₹	4. Inflation devices a. air splints b. blood pressure cuffs	Demonstrate techniques for controlling extremity bleeding with inflation devices.	Apply an inflation device appropriately to an extremity to control bleeding.



B-5 Control bleeding (continued)

TASK NUMBER:

INSTRUCTIONAL ACTIVITIES	LEARNER ACTIVITIES	OUTCOMECOMPETENCY
5. Tourniquet	Describe the procedure for use of a tourniquet to control external bleeding.	Recognizes circumstances requiring a tourniquet.
	Demonstrate techniques for applying tourniquets.	Apply a tournique? while observing precautions to ensure patient safety.
B. Internal Hemorrhage Control 1. Pecognition	Describe the patient with internal hemorrhage.	Recognize the patient with internal hemorrhage from a variety of patient presentations.
 Application of military anti- shock garment (MAST) 	Describe conditions which make a patient with internal hemorrhage a candidate for MAST.	Recognize the patient with internal hemorrhage who may benefit from the use of MAST.
	Demonstrate the procedure for applying MAST to the patient with internal bleeding.	Apply MAST according to local protocol.

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Provide Care at the Basic Life Support Level SUBJECT AREA:

TASK NUMBER: B-6 Treat for shock

EVALUATIVE CRITERION: Initiate procedures to maintain adequate perfusion in a patient.

COMPETENCY: Perform techniques required to maintain

adequate perfusion.

COURSE NUMBERS: EMS 151 EMS 152 EMS 153 EMS 156 EMS 255

INSTRUCTIONAL ACTIVITIES	LEARNER ACTIVITIES	OUTCOME COMPETENCY
A. Types of Shock		
1. Hypovolemic a. signs	Describe those conditions contributing to shock from inadequate fluid volume.	Recognize the hypovolemic shock patient from a variety of patient presentations.
b. symptoms		
2. Cardiogenic	Describe those conditions contributing to	Recognize the cardiogenic shock patient
a. signs	shock from ineffective pumping action of	from a variety of patient presentations.
b. symptoms	the heart.	
3. Neurogenic	Describe those conditions contributing to	Recognize the neurogenic shock patient
a. signs	shock from inadequate blood vessel tone.	from a variety of patient presentations.
b. symptoms		-
B. Prevention		
1. Recognition	Describe the patient at risk for shock.	Recognize the patient at risk for shock from a variety of patient presentations

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B-6 Treat for shock (continued)

TASK NUMBER:

INSTRUCTIONAL ACTIVITIES	LEARNER ACTIVITIES	OUTCOME COMPETENCY
Intervention a. control cause b. administer oxygen c. monitor vitals d. position patient e. maintain body temperature	Demonstrate basic life support measures which can be taken to prevent shock.	Employ techniques appropriate to the prevention of shock at the basic life support level.
C. Management 1. Airway and breathing	Demonstrate the techniques of airway management.	Ensure an adequate airway and breathing in the shock patient.
2. Control cause	Recognize controllable causes of shock and demonstrate control procedures.	Employ techniques to control the causes of shock.
3. Administer oxygen	Demonstrate the techniques of oxygen administration.	Administer oxygen to the shock patient.
4. Patient packaging	Demonstrate patient positioning and covering techniques appropriate to the shock patient.	Position the shock patient to ensure optimum perfusion and maintenance of body temperature.

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TASK NUMBER:	B-6 Treat for shock	(continued)	
INSTRUCTIONAL ACTIVITIES	ACTIVITIES	LEARNER ACTIVITIES	OUTCOME COMPETENCY
2. Application shock garm	Application of military anti- shock garment (MAST)	Describe conditions which make a shock patient a candidate for MAST.	Recognize the patient with shock who may benefit from the use of MAST.
		Demonstrate the procedure for applying MAST to the patient in shock.	Apply MAST according to local protocol.

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Provide Care at the Basic Life Support Level SUBJECT AREA:

EVALUATIVE CRITERION:

Obtain an accurate set of vital signs.

> EMS 152 EMS 153 EMS 155 EMS 157 EMS 255 EMS 257 COURSE NUMBERS:

Assess vital signs as required. B-7 Monitor vital signs

TASK NUMBER: COMPETENCY: OUTCOME COMPETENCY **LEARINER ACTIVITIES** INSTRUCTIONAL ACTIVITIES

Pulse ď

adult 1. Location e o

infant

obtaining a pulse.

Describe the body locations available for

Locate the pulse in the adult and infant.

Demonstrate the technique for taking a

Obtain an accurate pulse.

pulse.

Describe the parameters of a pulse.

Characteristics

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rhythm quality

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rate

Report the results of taking a pulse.

Variations

adult

child فر

infant

abnormalities

Describe the significance of pulse differences.

Interpret the results of a pulse obtained In a variety of adult, child, and infant presentations.

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Determination

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adult infant

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B-7 Monitor vital signs (continued)

TASK NUMBER:

}	INSTRUCTIONAL ACTIVITIES	LEARNEH ACTIVITIES	OUTCOME COMPETENCY
a a i	Blood Pressure 1. Determination a. auscultation b. palpation	Demonstrate the technique for taking a blood pressure.	Obtain an accurate blood pressure
	 Characteristics a. sounds b. spacing 	Describe the parameters of a blood pressure.	Report the results of taking a blood pressure.
	3. Variationsa. aduitb. childc. infant	Describe the significance of differences in blood pressures.	Interpret the results of blood pressures in a variety of patient presentations.
ට ට	Respirations 1. Determination	Demonstrate techniques for obtaining information about patient respirations.	Assess respirations ac:urately.
	2. Characteristics a. rate b. rhythm c. quality	Describe the parameters of patient respirations.	Report the results of the assessment of respirations.



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B-7 Monitor vital signs (continued)

TASK NUMBER:

INSTRUCTIONAL ACTIVITIES	LEARNER ACTIVITIES	OUTCOME COMPETENCY
3. Variations a. adult b. child c. infant d. abnormalities	Describe the significance of differences in respirations.	Interpret the results of respirations variety of patient presentations.
D. Skin 1. Determination	Demonstrate techniques for obtaining	Assess patient skin accurately.

respirations in a

information about the patient from the condition of the skin.	
Describe the characteristics for each parameters of the patient's skin.	Report the results of the assessment of the patient's skin.
Describe the significance of differences obtained in an assessment of the skin.	Interpret the results of assessment of the skin in a variety of patient presentations.
Demonstrate techniques for obtaining information about the patient from the condition of the pupils.	Assess pupils accurately in the patient.

a. temperatureb. colorc. moisture

65

2. Characteristics

3. Variations

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Pupils 1. Determination

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TASK NUMBER:	B-7 Monitor vital signs	(continued)	
INSTRUCTIONAL ACTIVITIES	ACTIVITIES	LEARNER ACTIVITIES	OUTCOME COMPETENCY
2. Characteristics	stics	Describe the parameters of the pupils.	Report the results of the assessment of the patient's pupils.
3. Variations		Describe the significance of differences obtained in an assessment of the skin.	Interpret the results of an assessment of the pupils in a variety of patient presentations.

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EVALUATIVE Provide Care at the Basic Life Support Level SUBJECT AREA:

B-8 Treat medical emergencies

TASK NUMBER:

Treat the patient presenting with a medical emergency.

> Utilize techniques and procedures needed to stabilize COMPETENCY:

CRITERION:

EMS 151 EMS 153 EMS 155 EMS 157 EMS 257 COURSE NUMBERS:

the patient with a medical emergency.

OUTCOME COMPETENCY **LEARNER ACTIVITIES** INSTRUCTIONAL ACTIVITIES

Cardiovascular Emergencies

Describe the cause and patient cardiovascular emergencies. presentation of the common

Recognize the cardiovascular emergency patient.

> myocardial infarction 1. Acute illnesses stroke angina ပ

congestive heart failure

ö

a. subjective

2. Findings

Demonstrate techniques for obtaining

information from the patient and others In the setting of a cardiovascular emergency.

of a cardio-vascular emergency.

complaint, history of the present illness,

medications, and allergies in the setting

past medical history, current

Obtain information pertinent to the chief

to a systematic evaluation of the cardio-Demonstrate the techniques appropriate vascular emergency patient.

b. objective

Systematically evaluate the patient presenting with a cardiovascular emergency.

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B-8 Treat medical emergencies (continued)

TASK NUMBER:

OUTCOME COMPETENCY	Render appropriate emergency basic life support care to the patient presenting
LEARNER ACTIVITIES	Demonstrate emergency patient care procedures for the cardiovascular
INSTRUCTIONAL ACTIVITIES	3. Етөгдөпсу саге

patient.

Describe the cause and patient presentation of the common respiratory emergencies.

Respiratory Emergencies

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1. Acute illnesses

support care to the patient presenting with a cardiovascular emergency.

Recognize the respiratory emergency patient.

Obtain information pertinent to the chief complaint, history of the present illness,

medications, and allergies in the setting

of a respiratory emergency.

past medical history, current

information from the patient and others

in the setting of a respiratory

emergency.

Demonstrate techniques for obtaining

chronic obstructive pulmonary disease(COPD)

hyperventilation

dyspnea

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pulmonary edema

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asthma

anaphalyxis

a. subjective

Findings

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EMERGENCY MEDICAL SCIENCE (T-139)

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(continued)	LEARNER ACTIVITIES
B-8 Treat medical emergencies (continued)	
TASK NUMBER:	INSTRUCTIONAL ACTIVITIES

		INSTRUCTIONAL ACTIVITIES	LEARNER ACTIVITIES	OUTCOMÉ COMPETENCY
		b. objective	Demonstrate the techniques appropriate to a systematic evaluation of the respiratory emergency patient.	Systematically evaluate the patient presenting with a respiratory emergency.
		3. Emergency care	Demonstrate emergency patient care procedures for the cardiovascular patient.	Render appropriate emergency basic life support care to the patient presenting with a respiratory emergency.
69	ပ	Diabetic Emergencies 1. Acute illnesses a. hypoglycemla b. diabetic ketoacidosis	Describe the cause and patient presentation of the common diabetic emergencies.	Recognize the diabetic emergency patient.
	-	2. Findings a. subjective	Demonstrate techniques for obtaining information from the patient and others in the setting of a diabetic emergency.	Obtain information pertinent to the chief complaint, history of the present illness, past medical history, current medications, and allergies in the setting of a diabetic emergency.

(continued)	LEARNER ACTIVITIES
B-8 Treat medical emergencies (continued)	
TASK NUMBER:	INSTRUCTIONAL ACTIVITIES

INSTRUCTIONAL ACTIVITIES

OUTCOME COMPETENCY

Systematically evaluate the patient presenting with a diabetic emergency.	Render appropriate emergency basic life support care to the patient presenting with a diabetic emergency.
Demonstrate the techniques appropriate to a systematic evaluation of diabetic emergency patient.	Demonstrate emergency patient care procedures for the diabetic patient.
b. objective	3. Emergency care

Describe the cause and patient presentation of the common neurologic emergencies.	
Descri preser emerg	

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guin	information from the patient and others		
btair	pug	=	
for a	ent a	ogle	
Sen	pati	Jurol	
hniq	the	a ne	
e tec	from	g of	
Demonstrate techniques for obtaining	tion	in the setting of a neurological	етегрепсу.
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e life Recognize the neurologity subsequency patient,

complaint, history of the present illness, Obtain information pertinent to the chief past medical history, current medications, and allergies in the setting of a neurological emergency.

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Neurological Emergencies
1. Acute illnesses
a. selzures
b. status epilepticus

a. subjective Findings

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t	(continued)	
· .	B-8 Treat medical emergencies	
	TASK NUMBER:	•

INSTRUCTIONAL ACTIVITIES	LEARNER ACTIVITIES	OUTCOME COMPETENCY
b. objective	Demonstrate the techniques appropriate to a systematic evaluation of neurological emergency patient.	Systematically evaluate the patient presenting with a neurological emergency.
3. Emergency care	Demonstrate emergency patient care procedures for the neurological patient.	Render appropriate emergency basic life support care to the patient presenting with a neurological emergency.

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Demonstrate techniques for obtaining	Obt
information from the patient and others	COM
in the setting of an abdominal emergency.	past
	presentation of the common abdominal emergencies. Demonstrate techniques for obtaining information from the patient and others in the settling of an abdominal emergency.

Describe the cause and patient

support care to the patient presentir with a neurological emergency.

Recognize the abdominal emergency patient.

Obtain information pertinent to the chief complaint, history of the present illness, past medical history, current medications, and allergies in the setting of an abdominal emergency.

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Abdominal Emergencies
1. Acute Illnesses

a. appendicitis b. pain

Findings
 a. subjective

(continued)

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emergencies
medical
B-8 Treat
TASK NUMBER:

INSTRUCTIONAL ACTIVITIES	LEARNER ACTIVITIES	OUTCOME COMPETENCY
b. objective	Demonstrate the techniques appropriate to a systematic evaluation of abdominal emergency patient.	Systematically evaluate the patient presenting with an abdominal emergence
3. Emergency care	Demonstrate emerger y patient care procedures for the abdominal patient.	Render appropriate emergency basic lisupport care to the patient presenting with an abdominal emergency.

Describe the cause and patient presentation of sarious infectious diseases.	Demonstrate techniques for obtaining information from the patient and others in the setting of an infectious disease emergency.
Describe the presentation diseases.	Demonstrate information in the settine emergency.

a. subjective

2. Findings

Infectious Diseases 1. Acute illnesses

u.

72

a. bacterial b. viral of an infectious disease emergency.

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OUTCOME COMPETENCY	Systematically evaluate the patient presenting with an infectious disease emergency.	Render appropriate emergency basic life support care to the patient presenting with an infectious disease emergency.
LEARNER ACTIVITIES	Demonstrate the techniques appropriate to a systematic evaluation of the emergency patient with an infectious disease.	Demonstrate emergency patient care procedures for the patient with an infectious disease.
INSTRUCTIONAL ACTIVITIES	b. objective	3. Emergency care

Poisonings	Acute situations	a. Ingested substances	 inhales substances 	c. absorbed substances	d. injected substances	
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observing personal safety precautions. Render emergency care to the patient with an infectious disease while Demonstrate precautionary techniques presentation of the common poisoning emergencies. appropriate to the care of the patient with an infectious disease emergency. Describe the cause and patient

4. Personal safety

73

Recognize immediately the poisoned patient.

OUTCOME COMPETENCY
LEARNER ACTIVITIES
INSTRUCTIONAL ACTIVITIES

B-8 Treat medical emergencies (continued)

TASK NUMBER:

	Obtain information pertinent to the complaint, history of the present il past medical history, current medications, and allergies in the se
	Demonstrate techniques for obtaining information from the patient and others in the setting of a poisoning emergency.
INSTRUCTIONAL ACTIVITIES	2. Findings a. subjective

presentation of the common substance Describe the cause and patient abuse emergencies.

Substance Abuse

1. Acute situations

Ï

a. overdose

e chief illness, setting of a poisoning emergency.

presenting with a poison emergency. Systematically evaluate the patient

Render appropriate emergency basic life support care to the patient presenting with a poisoning emergency.

Recognize the patient with a substance abuse emergency.

b. objective

3. Emergency care

FIONAL ACTIVITIES LEARNER ACTIVITIES OUTCOME COME	
INSTRUCTIONAL ACT	

B-8 Treat medical emergencies (continued)

TASK NUMBER:

PETENCY

INSTRUCTIONAL ACTIVITIES

2. Findings
a. subjective

Demonstrate techniques for obtaining information from the patient and others in the setting of a substance abuse emergency.

Demonstrate the termiques appropriate to a systematic avaluation of emergency substance abite patient.

Demonstr∈e emergency patient care procedures for the substance abuse patient.

Demonstrate precautionary techniques appropriate to the care of the patient with a substance abuse energency.

Obtain information pertinent to the chief complaint, history of the present illness, past medical history, current medications, and allergies in the setting of a substance abuse emergency.

Systematically evaluate the patient presenting with a substance abuse emergency.

Render appropriate emergency basic life support care to the patient presenting with a substance abuse emergency.

Render emergency care while observing personal safety precautions to the patient presenting with a substance abuse emergency.

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b. objective

Emergency care

. წ 4. Personal safety

B-8 Treat medical emergencies (continued)

TASK NUMBER:

OUTCOME COMPETENCY		Recognize the pediatric emergency patient.
SEADNED ACTIVITIES		Describe the cause and patient presentation of the common pediatric emergencies.
	INSTRUCTIONAL ACTIVITIES	H. Pediatric Emergencies 1. Acute situations a. fever b. seizures c. croup d. epiglottitis e. sudden infant death

complaint, history of the present illness, Obtain information pertinent to the chief medications, and allergies in the setting of a pediatric medical emergency. past medical history, current Demonstrate the techniques appropriate to a systematic evaluation of a pediatric information from the patient and others Demonstrate techniques for obtaining in the setting of a pediatric medical

emergency.

Systematically evaluate the pediatric patient presenting with a medical emergency

patient presenting with a medical

b. objective

emergency.

poisoning f. abuse g. poisonir a. subjective

2. Findings

B-8 Treat medical emergencies (continued)

TASK NUMBER:

INSTRUCTIONAL ACTIVITIES	LEARNER ACTIVITIES	OUTCOME COMPETE
3. Emergency care	Demonstrate emergency patient care	Render appropriate e
	procedures for the pediatric patient	support care to the

emergency basic life presenting with a medical emergency. pediatric patient

presenting with a medical emergency.

Recognize the obstetric emergency patient.

> emergency childbirth Obstetric Emergencies 1. Acute situations

eclampsia

abortion

Describe those situations and the patient presentations resulting in obstetric emergencies.

information from the patient and others in the settling of an obstetric emergency. Demonstrate techniques for obtaining

complaint, history of the present illness, Obtain information pertinent to the chief medications, and allergies in the setting past medical history, current of an obstetric emergency.

abnormal deliveries

stillborn

a. subjective

2. Findings

ectopic pregnancy ruptured uterus

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B-8 Treat medical emergencies (continued)

TASK NUMBER:

INSTRUCTIONAL ACTIVITIES	LEARNER ACTIVITIES	OUTCOME COMPETENCY
b. objective	Demonstrate the techniques appropriate to a systematic evaluation of a patient presenting with an obstretric emergency.	Systematically evaluate the patient presenting with an obstetric emergency.
3. Emergency care	Demonstrate emergency patient care procedures for the jatient presenting with an obstetric exnergency.	Render appropriate emergency basic life support care to the patient presenting with an obstetric emergency.
J. Geriatric Emergencies 1. Altered reaction to illness	Describe the variations in presentation	Recognize the geriatric emergency patient.

complaint, history of the present illness, Obtain information pertinent to the chief medications, and allergies in the setting t presenting nergency of a geriatric medical emergency. past medical history, current patient.

of common medical emergencies in the

temperature regulation

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thirst mechanism mental status

2. Findings a. subjective

information from the patient and others

in the setting of a geriatric medical

emergency.

Demonstrate techniques for obtaining

B-8 Treat medical emergencies (continued)

TASK NUMBER:

INSTRUCTIONAL ACTIVITIES	LEARNER ACTIVITIES	OUTCOME COMPETENCY
b. objective	Demonstrate the techniques appropriate to a systematic evaluation of a geriatric patient presenting with a medical emergency.	Systematically evaluate the patient presenting with a med emergency.
3. Етөгдөпсу саге	Demonstrate emergency patient care procedures for the geriatric patient presenting with a medical emergency.	Render appropriate emergenc support care to the geriatric presenting with a medica. em

ncy basic life geriatricedical support care to the genatric patient presenting with a medical emergency.

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Provide Care at the Basic Life Support Level SUBJECT AREA:

EVALUATIVE

B-9 Treat traumatic emergencies

a traumatic injury. Treat the victim of

> Utilize techniques and procedures needed to stabilize COMPETENCY:

TASK NUMBER:

CRITERION:

the patient with a traumatic emergency.

EMS 151 EMS 152 EMS 153 EMS 156 EMS 255 COURSE NUMBERS: OUTCOME COMPETENCY **LEARNER ACTIVITIES** INSTRUCTIONAL ACTIVITIES

Soft Tissue Injuries 1. Types of Injury ë

common traumatic soft tissue injuries. Describe patient presentations for

Recognize the victim of a traumatic soft tissue injury.

Injury site તં

impaled objects

blunt injuries

closed wounds

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amputation

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a. open wounds

a. extremities

head neck chest ----

genitourinary tract abdomen

321

(continued)

TASK NUMBER: B-9 Treat traumatic emergencies

OUTCOME COMPETENCY LEARNER ACTIVITIES INSTRUCTIONAL ACTIVITIES

Findings
 a. subjective

Demonstrate techniques for obtaining information from the patient and others relative to a traumatic soft tissue injury.

Demonstrate techniques appropriate to an evaluation of the patient with a traumatic soft tissue injury.

Demonstrate basic life support emergency care procedures for the patient with a traumatic soft tissue injury.

a. dressing and bandage

Complications

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a. shock b. infection

Emergency care

Describe the medical complications which may develop from traumatic soft tissue

Obtain pertinent information relative to the chief complaint, past medical history, medications, and allergies from the victim of a traumatic soft tissue injury.

Evaluate accurately the patient with a traumatic soft tissue injury.

Treat the patient with a traumatic soft tissue injury according to basic life support emergency care procedures.

Recognize and treat according to basic life support emergency care rocedures, the complications which develop following traumatic soft tissue injury

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123

b. objective

TASK NUMBER:

B-9 Treat traumatic emergencies (continued)

INSTRUCTIONAL ACTIVITIES

OUTCOME COMPETENCY

LEARNER ACTIVITIES

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Recognize accurately the victim of traumatic musculoskeletal injury.

Musculoskeletal Injuries œ

1. Types of injury a. fractures

common traumatic musculoskeletal Describe patient presentations for

injuries.

dislocations ند

sprains ن ن

strains

Injury site ٠. در

lower extremities upper extremities æ

skull

spine

chest

pelvis

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a. subjective Findings

information from the patient and others relative to a traumatic musculoskeletal Demonstrate techniques for obtaining injury.

history, medications, and allergies from Obtain pertinent information relative to the chief complaint, past medical the victim of a traumatic musculoskeletal injury.

OUTCOME COMPETENCY	
LEARNER ACTIVITIES	
NSTRUCTIONAL ACTIVITIES	

Evaluate the patient with a traumatic musculoskeletal injury.	Treat the patient with a traumatic musculoxkeletal injury according to basic life support emergency care procedures.	Recognize and treat according to basic life support emergency care procedures, the complications which develop following traumatic musculoskeletal injury
Demonstrate techniques appropriate to an evaluation of the patient with a traumatic musculoskeletal injury.	Demonstrate basic life support emergency care procedures for the patient with a traumatic musculoskeletal injury.	Describe the medical complications which may develop from traumatic musculoskeletal injuries.
b. objective	4. Emergency care a. positioning b. splinting	5. Complicationsa. shockb. impaired circulationc. nerve damaged. infection

SUBJECT AREA: Provide Care at the Basic Life Support Level

B-10 Treat environmental medical emergencies

TASK NUMBER:

EVALUATIVE
CRITERION: Treat

Treat the patient with an environmental medical emergency according to accepted protocol.

COMPETENCY: Utilize techniques and procedures needed to

stabilize the patient with an environmental

medical emergency.

COURSE NUMBERS: EMS 151 EMS 153 EMS 155

OUTCOME COMPETENCY LEARNER ACTIVITIES

INSTRUCTIONAL ACTIVITIES

Describe patient presentations for various types of burns.

Recognize the victim of a burn and the causative agent.

electrical radiation

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thermal chemical Severity of Injury

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Describe the classification system for burns.

Classify the extent of burn for various

patient presentations.

Obtain pertinent information relative to the chief complaint, past medical history, medications, and allergies from

the victim of a burn injury.

Findings
 a. objective

Demonstrate techniques for obtaining pertinent information from the patient and others relative to a burn injury.

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Burns

I. Types of injuries

(continued) B-10 Treat environmental medical emergencies

TASK NUMBER:

INSTRUCTIONAL ACTIVITIES	LEARNER ACTIVITIES	OUTCOME COMPETENCY
b. subjective	Demonstrate techniques appropriate to the evaluation of a burn patient.	Evaluate accurately the patient with a burn.
4. Emergency care a. thermal burns b. chemical burns c. electrical burns d. radiation burns	Demonstrate basic life support procedures in the care of the burn patient.	Treat the patient with a burn according to accepted basic life support procedures.
5. Safety issues	Demonstrate personal safety techniques	Render emergency care to the burn

exposure to various types of hazardous Describe patient presentations for materials.

materials exposure and the causative Recognize the victim of a hazardous agent.

patient while observing personal safety

measures.

appropriate in the care of a burn patient.

electrical burns radiation burns

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1. Types of materials

chemicals radiation explosives

Hazardous Materials

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chemical burns

ei 🗗

thermal burns

Safety issues

S.

86

Obtain accurate information relative to the substance to which the patient has been exposed.

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INSTRUCTIONAL ACTIVITIES	LEARNER ACTIVITIES	OUTCOME COMPETENCY
2. Findings a. objective	Demonstrate techniques for obtaining information from the patient and others relative to a hazardous materials exposure.	Obtain pertinent information relative to the chief complaint, past medical history, medications, and allergies from the victim of a hazardous materials exposure.
b. subjective	Demonstrate techniques appropriate to the evaluation of a patient exposed to a hazardous material.	Evaluate accurately the patient of a hazardous materials exposure.
 Emergency care a. chemical exposure b. radiation exposure c. explosion victim 	Demonstrate basic life support procedures in the care of the patient, exposed to a hazardous material.	Treat the patient of a hazardous materials exposure.according to accepted basic life support procedures.
4. Safety issuesa. chemical exposureb. radiation exposurec. explosions	Demonstrate personal safety techniques appropriate in the care of a patient exposed to a hazardous material.	Render emergency care to the patient hazardous material exposure while observing personal safety measures.

B-10 Treat environmental medical emergencies (continued) TASK NUMBER:

	ı	INSTRUCTIONAL ACTIVITIES	LEARNER ACTIVITIES	OUTCOME COMPETENCY
	l o	C. Heat Emergencies 1. Types of Injuries a. heat crampe b. heat exhaustion c. heat stroke	Describe patient presentations for various types of heat emergencies.	Recognize the victim of a categorize accurately the emergency.
88		2. Findings a. objective	Demonstrate techniques for obtaining information from the patient and others relative to a heat emergency.	Obtain pertinent informati the chief complaint, past thistory, medications, and the victim of a heat injuring
		b. subjective	Demonstrate techniques appropriate to the evaluation of a heat emergency patient.	Evaluate accurately the phe beat injury.

e severity of the a heat injury and tion relative to

st medical nd allergies from jury.

patient with a

Treat the patient with a heat injury according to accepted basic life support procedures.

Demonstrate basic life support procedures in the care of the patient with a heat emergency.

> heat exhaustion heat cramps Emergency care

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heat stroke

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B-10 Treat environmental medical emergencies (continued) TASK NUMBER:

	INSTRUCTIONAL ACTIVITIES	LEARNER ACTIVITIES	OUTCOMA; COMPETENCY
Ö	Emergencies Due to Cold 1. Types of injuries a. frostbite b. hypothermia	Describe patient prosentations for various types of emergencies due to cold.	Recognize the victim of an injury due to cold and categorize accurately the severity of the injury.
	2. Findings a. objective	Demonstrate techniques for obtaining pertinent information from the patient and others relative to an emergency due to cold.	Obtain pertinent information relative to the chief complaint, past medical history, medications, and allergies from the victim can injury due to cold.
	b. subjective	Demonstrate techniques appropriate to the evaluation of a patient.with an emergency due to cold.	Evaluate accurately the patient with an injury due to cold.
	3. Emergency carea. frostbiteb. hypothermia	Demonstrate basic life support procedures in the care of the patient with an emergency due to coid.	Treat the patient with an injury due to cold according to accepted basic life support procedures.



B-10 Treat environmental medical emergencies (continued) TASK NUMBER:

INSTRUCTIONAL ACTIVITIES

LEARNER ACTIVITIES

OUTCOME COMPETENCY

identify correctly the victim of a water

accident.

Describe the various types of accidents

which occur on or in water.

Water Accidents ш

1. Types of accidents a. drowning near drowning ف

diving

boating scuba

92

Describe the various types of injuries which occur as the result of water accidents.

Identify the potential injuries which may occur following a water accident.

decompression sickness hypothermia

airway obstruction

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orthopedic

cardiac arrest

Types of injuries

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90

air embolism

reach, throw, row, go cervical precautions

personal safety

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Water rescue

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Describe water rescue techniques that consider the safety of the rescuer

environment while observing personal Remove a patient from the water safety measures.

B-10 Treat environmental medical emergencies (continued) TASK NUMBER:

INSTRUCTIONAL ACTIVITIES	LEARNER ACTIVITIES	OUTCOME COMPETENCY
4. Findings a. objective	Demonstrate techniques for obtaining pertinent information from the patient and others relative to a water accident.	Obtain pertinent information relative to the chief complemedical history, medication

ation as possible allergies about the victim of a water emplaint, past medical history, medications, and accident. Evaluate accurately the patient following a water accident.

> Demonstrate techniques appropriate to the evaluation of a patient following a

Treat the patient with an injury due to a water accident according to accepted basic life support procedures.

b. subjective

a. cardiac arrest Emergency care رى .

head and neck injuries airway obstruction ပ <u>م</u>

patient following a water accident.

Demonstrate basic life support

water accident.

procedures in the care of the

hypothermla ٦.

decompression sickness

Provide Care at the Basic Life Support Level SUBJECT AREA:

B-11 Utilize basic life support equipment on

TASK NUMBER:

Category I ambulances

equipment in the care of Utilize basic life support the emergency patient.

EVALUATIVE CRITERION:

> Utilize basic life support equipment to stabilize the patient. COMPETENCY:

EMS 152 EMS 153 EMS 171 EMS 172 EMS 273 COURSE NUMBERS:

OUTCOME COMPETENCY LEARNER ACTIVITIES INSTRUCTIONAL ACTIVITIES

1. §131E-155 General Statutesof North Ambulance Defined ď.

93

Carolina

T10:03D.0800 North Carolina

si

Administrative Code

Category 1

ambulances as provided for in the NC Describe the various categories of Describe ambulance in legal terms. Administrative Code.

Give the legal definition of ambulance as ambulance as prescribed in the NC Define each of the categories of defined by NC statute. Administrative Code.

> Medical and Related Equipment œ

Category IV Category V

Category Category

Administrative Code 1. Minimum requirements T10:03D,1000 NC

requirements for medical and related Locate the listing of the minimum equipment on ambulances.

medical and related ambulance equipment State the regulatory authority for requirements.



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EMERGENCY MEDICAL SCIENCE (T-139)

(continued)	OUTCOME COMPETENCY
Utilize basic life support equipment on Category I ambulances (continued)	LEARNER ACTIVITIES
TASK NUMBER: B-11 Utilize bas	INSTRUCTIONAL ACTIVITIES

State the location in the NC Administrate Code for the listing of medical and

			related ambulance equipment
2. Us	Use of equipment	Demonstrate the use of the medical and related equipment required on Category I ambulances.	Employ the medical and related equipment required on Category I ambulances.
તાં	indications	Describe the indications for use of the medical and related equipment required on Category I ambulances.	State the indications for use for each piece of equipment required on Category I ambulances.
ف	b. contraindications	Describe the contraindications to use of the equipment medical and related required on Category I ambulances.	State the contraindications to use of each piece of equipment required on Category I ambulances.
ပ်	techniques of application	Describe the technique(s) of application for the medical and related equipment required on Category I ambulances.	Demonstrate the proper application of each piece of equipment required on Category I ambulances.

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(T-139)	
SCIENCE	
/ MEDICAL	
EMERGENC	

B-11 Utilize basic life support equipment on Category I ambulances (continued)

TASK NUMBER:

INSTRUCTIONAL ACTIVITIES	LEARNER ACTIVITIES	OUTCOME COMPETENCY
d. assessment	Describe the assessment of the patient following the use of the medical and related equipment required on Category I ambulances.	Demonstrate the appropriate assessment of the patient following the use of each piece of equipment required on Category I ambulances.
e. reassessment	Describe the reassessment of the patient following the use of the medical and related equipment required on Category I ambulances.	Demonstrate the appropriate reassessment of the patient following the use of each plece of equipment required on Category I ambulances.

95/96

Provide Care at the Basic Life Support Level SUBJECT AREA:

B-12 Provide psychological support

TASK NUMBER:

Provide emotional support to those involved in medical or traumatic emergencies. CRITERION:

EVALUATIVE

Utilize techniques to provide emotional support to the patient and others. COMPETENCY:

EMS 151 EMS 53 EMS 155 EMS 157 EMS 255 COURSE NUMBERS:

Recognize the individul(s) at risk for List the characteristics of a crisis. crisis in a variety of emergency Identify the common reaction of List the six stages of crisis. OUTCOME COMPETENCY Define crisis accurately. individuals to crisis. situations. Describe crisis and those characteristics Describe those individuals most at risk Describe the common reactions of Describe the stages of crisis. LEARNER ACTIVITIES which define a crisis. individuals to crises. to experience crisis. a. common reactions INSTRUCTIONAL ACTIVITIES Respondants to crisis Characteristics six stages Recognition family patient 1. Defined Crisis வ ப் ப் فر . რ 4 Ä



bystanders

(continued)
B-12 Provide psychological support
TASK NUMBER:

SNI	INSTRUCTIONAL ACTIVITIES	LEARNER ACTIVITIES	OUTCOME COMPETENCY
8 , ←	Psychological Support 1. Assessment of need	Describe how an emergency situation is assessed to determine the need for psychological support.	Assess the need for psychological support in a variety of emergency situations.
N	2. Crisis intervention	Practice the techniques of crisis intervention required during emotional crises associated with medical and trauma emergencies.	Utilize the techniques of crisis intervention to provide psychological support to patients, family, and bystanders during an emotional crisis in a variety of medical and trauma emergency situations.
Ø	 Reassessment of situation 	Describe the procedures for reassessment of the crisis situation following the implementation of crisis intervention.	Reassess the crisis situation following the implementation of crisis intervention.

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Support I
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Basic
e at the
a at
Care
Provide
r area:
SUBJECT

EVALUATIVE CRITERION:

patient/family involved in a

B-13 Provide information to patient/family Utilize techniques to provide information TASK NUMBER: COMPETENCY:

to patient and others.

Provide information to the

medical or traumatic emergency.

EMS 151 EMS 153 EMS 155 EMS 255 COUPSE NUMBERS: OUTCOME COMPETENCY **LEARNER ACTIVITIES** INSTRUCTIONAL ACTIVITIES

information to patients and others in the Describe the goals of providing emergency situation.

information to patients and others in the Identify the goals of providing emergency situation.

> Techniques of Communication œ

Sense of control of situation

by patient and others

Reassurance of patient and

others

99/100

others

Goals of Providing Information 1. Cooperation of patient and

ë

1. Verbal skills

proper level a. honesty ۵.

rapport

Nonverbal skills a. eye contact b. "space" . 2

Practice verbal skills of communication patients and others in the emergency which will provide information to situation.

information to patients and others in the communication which will provide Practice nonverbal skills of emergency situation.

provide information to patients and others in a variety of emergency situations.

Employ verbal communication skills to

Employ nonverbal communication skills to provide information to patients and others in a variety of emergency situations.

Provide Care at the Basic Life Support Level SUBJECT AREA:

EVALUATIVE CRITERION: B-14 Intervene in crisis situations TASK NUMBER:

Provide appropriate intervention in crisis situations.

Utilize techniques to intervene in crisis situations. COMPETENCY:

EMS 151 EMS 155 EMS 156 EMS 255 PSY 160 COURSE NUMBERS:

INSTRUCTIONAL ACTIVITIES	LEARNER ACTIVITIES	OUTCOME COMPETENCY
A. Crisis Situations 1. Patients in crisis a. sudden death b. suicide c. multi-casualty d. physical abuse e. violence f. substance abuse g. acute emotional disturbance	Identify potential crisis situations for patients.	Recognize the potential crisis. situation. Recognize the patient in crisis.
 Care givers in crisis a. burnout b. multi-casualty incident 	Identify those situations which may be crisis situations for the emergency care giver.	Recognize potential crisis situations and the care giver in crisis.

162

job environment stress

ور ب

childhood death

B-14 Intervene in crisis situations (continued)

TASK NUMBER:

		INSTRUCTIONAL ACTIVITIES	LEARNER ACTIVITIES	OUTCOME COMPETENCY
	, sci	Assessment of Crisis Situation 1. Imminent danger a. caregiver b. patient c. others	Describe techniques for assessing the danger to those involved in a crisis situation.	Assess the crisis situation for latheats to the safety of the emecare giver, patient, or others.
10		2. History of present situation	Describe techniques for obtaining information pertinent to the crisis situation.	Obtain information pertinent to situation.
2	Ú	C. Management		

potential nergency o the crisis Employ appropriate intervention techniques for a patient or care giver in crisis.

Render emergency care to the crisis patient as needed.

Describe the techniques of crisis intervention for various patient and care

giver crisis situations.

Describe the medical needs of patients in

various crisis situations.

2. Emergency medical care

nonverbal support a. verbal support b. active listening c. nonverbal suppor 164



1. Intervention strategies

Provide Care at the Basic Life Support Level SUBJECT AREA:

EVALUATIVE

Give syrup of ipecac according to patient care protocol.

> B-15 Administer syrup of ipecac TASK NUMBER:

COMPETENCY:

Administer syrup of ipecac according to local protocol.

CRITERION:

EMS 151 EMS 154 EMS 155 COURSE NUMBERS: **EARNER ACTIVITIES** INSTRUCTIONAL ACTIVITIES

Describe patient conditions appropriate

to the use of syrup of ipecac.

Identify the indications for use of syrup of ipecac in the poisoned patient.

OUTCOME COMPETENCY

contraindications for use of syrup of ipecac in the poisoned patient. Identify without error the

> prohibit the use of syrup of ipecac. Describe patient conditions which

Contraindications œ

103

1. Ingested poison

Indications

ë

Seg

Pregnancy Seizures

Acute myocardial infarction

petroleum products, lodides, silver nitrates, strychnine Ingestion of corrosives,

Describe the dose of syrup of ipecac for an adult and a child.

Prepare the correct dose of syrup of ipecac for an adult and a child.

> **8**8 Ç

1. Adult

Pediatric

Demonstrate the preparation of a dose of

syrup of ipecac for an adult and a child.

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TASK NUMBER: B-15 Administer syrup of ip⊛csc (continued)

4STRUCTIONAL ACTIVITIES LEARNER ACTIVITIES
=

Describe the steps in the administration of syrup of ipecac to an adult and a child.

Administer correctly the appropriate dose of syrup of ipecac to an adult and a child.

OMPETENCY

Describe the complications which may be encountered when administering syrup of ipecac.

Before activated charcoal

With water

By mouth

1. Within 3-6 hours

Administration

Ö.

Treat the patient for complications following the administration of syrup of

ipecac.

Describe how to handle the complications which may be encountered when administering syrup of ipecac.

Airway
 Failure to vomit

Complications

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Provide Care at the Advanced SUBJECT AREA:

Life Support Level

C-1 Insert an esophageal airway

TASK NUMBER:

Insert an esophageal airway in the unconscious, adult patient

EVALUATIVE CRITERION: according to protocol.

Utilize an esophageal airway when confronted with COMPETENCY:

a unconscious, patient over 16 years of age.

EMS 153 COURSE NUMBERS: OUTCOME COMPETENCY LEARNER ACTIVITIES INSTRUCTIONAL ACTIVITIES

1. Esophageal obturator (EOA) Esophageal Airways ÷

105

Esophageal gastric tube

Describe the various types of esophageal airways currently available for use with the unconscious, adult patient.

esophageal airways currently available Identify correctly the various types of for use with the unconscious, adult patient.

> Pharyngeo-tracheal lumen မ

Describe the Indications for use of esophageal airways.

State correctly the indications for use of an esophageal airway.

No gag reflex

Need to protect airway ળ છ. 4.

Over 16 years of age

Unconscious

Indications for Use

œ.

(continued)	
Insert an esophageal airway	
<u>?</u>	
TASK NUMBER:	

	INSTRUCTIONAL ACTIVITIES	LEARNER ACTIVITIES	OUTCOME COMPETENCY
			4.5
ပ	Contraindications for Use	Describe the contraindications to the use	List Without error the contraindications
	 Gag reflex present 	of esophageal airways.	for the use of an esophageal airway.
	2. Under 16 years of age		
	3. Caustic substance ingestion		
	4. Known esophageal disease		
	or trauma		
	5. Patient shorter than 5' or		
	taller than 6'7"		

Describe the advantages of using an	esuphageal airway.
L	•

Prevention of regurgitation High oxygen concentration

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Prevention of gastric

2

distension

Advantages of Use 1. Ease of insertion

Ö

106

List the advantages of using an

esophageal airway. ed with the

Describe the hazards associate	use of the various types of eso	airways.

Hazards Associated with Use 1. Endotracheal placement

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Eases endotracheal delivery possible

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intubation

Pharyngeal trauma Esophageal trauma

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(EOA and EGTA)

associated with the use of the various List without error the hazards types of esophageal airways.

(continued)
Insert an esophageal airway
C-1 Insert an
TASK NUMBER:

	INSTRUCTIONAL ACTIVITIES	LEARNER ACTIVITIES	OUTCOME COMPETENCY
l ш	Technique for Insertion 1. Patient ventilation 2. Equipment assembly 3. Patient position 4. Insertion 5. Assessment of placement 6. Ventilation through	Practice the techniques of insertion for the various types of esophageal airways.	Demonstrate the proper technique for insertion of each of the various types of esophageal airways.
ਹ 07/108	Reassessment of Patient Status 1. Level of consciousress 2. Bilateral breath s∪unds	Describe the method for reassessing the patient with an esophageal airway in place.	Reassess accurately the patient with an esophageal airway in place.
ゴ	Removal of Esophageal Airway 1. Suction ready 2. Deflate cuff 3. Remove airway 4. Maintain patent airway	Practice the techniques for removal of the various types of esophageal airways.	Demonstrate the proper technique for removal of each of the various types of esophageal airways.

EVALUATIVE CRITERION:
Provide Care at the Advanced Life Support Level
SUBJECT AREA:

C-2 Perform endotracheal intubation

TASK NUMBER:

according to protocol on the adult and pediatric patient in need of a Perform endotracheal intubation secure airway.

> Perform endotracheal intubation when confronted a patient in need of a secure airway. EMS 157 EMS 263 EMS 273 COURSE NUMBERS: COMPETENCY:

OUTCOME COMPETENCY LEARINER ACTIVITIES

List without error the contraindications State the indications for use of endotracheal intubation. Describe the indications for use of endotracheal intubation. Decreased tidal volume 1. Respiratory or cardiac INSTRUCTIONAL ACTIVITIES Airway obstruction Unconscious Indications arrest ල .

List the advantages of using endotracheal for use of endotracheal intubation. intubation. Describe the contraindications to the use Describe the advantages of endotracheal of endotracheal intubation. intubation. Prevents gastric distension Prevents aspiration Untrained personnel Secures airway Contraindications 1. Epiglottitis Advantages ن œ.

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Medication administration route Tracheal suctioning possible

High oxygen concentration

ы .

delivery possible

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C-2 Perform endotracheal intubation (continued)

TASK NUMBER:

INSTRUCTIONAL ACTIVITIES	LEARNER ACTIVITIES	OUTCOME COMPETENCY
D. Hazards Associated with Use1. Esophageal placement2. Placement in right	Describe the hazards associated with the use of endotracheal intubation.	List without error the hazards associated with endotracheal int
mainstem bronchus		•

associated with endotracheal intubation.

Demonstrate the proper technique for insertion of an endotracheal tube in the adult and pediatric patient.

Practice the techniques of insertion of an endotracheal tube in the adult and pediatric patient. Assemble equipment Technique for Insertion Assess placement endotracheal tube Ventilate through Ventilate patient Position patient Secure tube Insert tube

Describe the method for reassessing the patient with an endotracheal tube in place.

Reassessment of Patient Status

u.

1. Bilateral breath sounds

Removal of Esophageal Aiway

Q

Suction ready

Deflate cuff

Maintain patient airway

Remove airway

following endotracheal intubation.

Reassess accurately the patient

Practice the techniques for removal of an endotracheal tube.

Demonstrate the proper technique for removal of an endotracheal tube.

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Pharyngeal trauma

Tracheal trauma

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C-2 Perform endotracheal intubation (continued)

INSTRUCTIONAL ACTIVITIES

LEARNER ACTIVITIES

OUTCOME COMPETENCY

H. Special Situations

Practice the techniques of intubation in special situations.

Intubation with an esophageal airway

Intubation of the trauma patient

3. Nasotracheal intubation

111/112

4. Digital intubation

5. Transillumination intubation

Intubate correctly the patient with an esophageal airway in place.

Intubate correctly the trauma patient using techniques which protect the cervical spine.

In ubate correctly the patient using the technique of nasotracheal insertion of the endotracheal tube.

Intubate correctly the patient using the technique of digital insertion of the endotracheal tube.

Intubate correctly the patient using the technique of transillumination for insertion of the endotracheal tube.

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Provide Care at the Advanced Life Support Level SUBJECT AREA:

Perform cricothyroidotomy when unable to secure an airway by other means.

C-3 Perform cricothyroidotomy

TASK NUMBER:

COMPETENCY:

EVALUATIVE
CRITERION: Perform a cricothyroidotomy
according to protocol on a patient
whose airway cannot be secured
by other means.

COURSE NUMBERS: EMS 175

Recognize accurately the indications for List the contraindications for use of use of cricothyroidotomy in airway OUTCOME COMPETENCY cricothyroidotomy. management. Describe the contra-indications to the Describe the indications for use of **LEARNER ACTIVITIES** cricothyroidotomy. Failure to secure an airway Endotracheal intubation not Upper airway obstruction manual ventilation a. abdominal thrusts INSTRUCTIONAL ACTIVITIES c.direct laryngoscopy Contraindications easible Indications . ლ œ

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B. Contraindications
1. Infants or children
2. Untrained care provider
3. Untrained care provider
4. Secures airway below
5. Tracheal suctioning possible

List the advantages of using crioothyroidotomy.

C-3 Perform cricothyroidotomy (continued)

TASK NUMBER:

	INSTRUCTIONAL ACTIVITIES	LEARNER ACTIVITIES	OUTCOME COMPETENCY
O	Hazards Associated with Use 1. Bleeding into alrway 2. Subcutaneous and mediastinal emphysema	Describe the hazards associated with the use of cricothyroidotomy.	List without error the hazards associated with cricothyroidotomy.
ш	Technique 1. Attempt other measures to secure airway	Practice the technique of cricothyroidotomy in the adult patient.	Demonstrate the proper technique for accomplishing cricothyroidotomy in the adult patient.

Reassess accurately the patient following cricothyroidotomy. Describe the method for reassessing the patient whose airway is secured with by means of a cricothyroldotomy.

> Reassessment of Patient Status 1. Bilateral breath sounds

u.

Ventilate through tube

Assess placement

Secure tube

Assemble equipment

secure airway

Position patient

Make incision

Insert tube

21 67 47 45 45 45

Provide Care at the Advanced SUBJECT AREA:

Life Support Level

Perform pleural decompression according to protocol.

EVALUATIVE CRITERION:

> C-4 Perform pleural decompression TASK NUMBER:

Perform decompression of the chest cavity when confronted by the patient with a life-threatening CONPETENCY:

pneumothorax.

EMS 155 EMS 173 COURSE NUMBERS:

use of pleural decompression in airway Recognize correctly the indications for List the advantages of using pleural List contraindications to the use of OUTCOME COMPETENCY pleural decompression. decompression. management. indicate the development of a potentially Describe the signs and symptoms which Describe the advantages of pleural Describe the contra-indications to life-threatening pneumothorax. pleural decompression. EARNER ACTIVITIES decompression. 1. Panent with bilateral chest 1. Tension pneumothorax INSTRUCTIONAL ACTIVITIES Untrained care giver Expanding simple pneumothorax Contraindications expansion Advantages Indications ςi ပ m

186

1. Relieves pneumothorax

ventilation of patient Allows for adequate

C-4 Perform pleural decompression (continued)

TASK NUMBER:

OUTCOME COMPETENCY LEARNER ACTIVITIES INSTRUCTIONAL ACTIVITIES

Describe the hazard associated with pleural decompression.

1. Creation of pneumothorax

Hazards

Ü,

Practice the technique of pleural

List without error the hazard associated Demonstrate the proper technique for with pleural decompression.

decompression.

accomplishing pleural decompression. Reassess accurately the patient

> Reassessment of Patient Status Bilateral chest expansion Bilateral breath sounds
> Bilateral chest expansion щ

Describe the method for reassessing the patient who has undergone pleural decompression.

following pleural decompression.

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concentration of oxygen

Administer high

Ensure airway

Technique

ш

Decompress chest Assess effects of

Э.

decompression

Provide Care at the Advanced Life Support Level SUBJECT AREA:

which can be used to interpret a Obtain an electrocardiogram CRITERION:

EVALUATIVE

Obtain an electrocardiogram from the patient COMPETENCY:

requiring cardiac monitoring.

C-5 Obtain electrocardiogram

TASK NUMBER:

patient's cardiac rhythm.

EMS 157 EMS 162 EMS 172 COURSE NUMBERS: OUTCOME COMPETENCY **LEARNER ACTIVITIES** INSTRUCTIONAL ACTIVITIES

Identify accurately the patient in need of cardiac monitoring from a variety of patient presentations.

electrocardiogram in the adult, child, and Describe those instances when it is appropriate to obtain an infant. List the advantages of obtaining an electrocardiogram.

Need for dysrhythmia 1. Routine monitoring recognition

Indications

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117

Cardiac arrest

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Describe the advantages of obtaining an electrocardiogram. Describe without error the hazard associated with obtaining an electrocardiogram.

> Hazards ပ

1. Failure to observe patient

Constant cardiac monitoring

1. Dysrhythmia recognition

Advantages

œ

Describe the hazards associated with obtaining an electrocardiogram.

C-5 Obtain electrocardiogram (continued)

TASK NUMBER:

		VON ET EN COMPANY OF C
INSTRUCTIONAL ACTIVITIES	LEARNER ACTIVITIES	

Demonstrate the proper technique for	obtaining an electrocardiogram.
Practice the technique of obtaining an	electrocardiogram.

Reduce skin resistance
 Apply electrodes or paddles
 Assess rhythm

Technique 1. Bare chest

Ö

Ų.

SUBJECT AREA: Provide Care at the Advanced
Life Support Level

C-6 Interpret electrocardiogram

TASK NUMBER:

EVALUATIVE GRITERION: Identify con

Identify correctly the cardiac rhythm of the patient being electrically monitored.

COMPETENCY: Interpret the electrocardiogram (EKG) of the patient receiving cardiac monitoring

COURSE NUMBERS: EMS 157 EMS 162 EMS 172

OUTCOME COMPETENCY LEARNER ACTIVITIES INSTRUCTIONAL ACTIVITIES

Identify correctly the electrical events of the heart which are represented in the electrocardiogram.

A. Electrical Events of the Heart
 1. atrial depolarization
 2. ventricular depolarization

ventricular repolarization

Components of the EKG

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Р жаув

QRS complex

QRS duration

S-T segment

P-R inferval

T wave

atrial repolarization

Describe the electrical events of the heart which are represented in the electrocardiogram.

Describe the components of the electrocardiogram.

Recognize the components of the EKG and associate each correctly to the electrical events of the heart.

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EARNER ACTIVITIES	
	INSTRUCTIONAL ACTIVITIES LEARNER ACTIVITIES

OUTCOME COMPETENCY

Causes of Dysrhythmias	Describe the patient presentations for each of the common causes of cardiac	Identify the patient at risk for cardiac dysrhythmlas.
2. Nervous system	dysrhythmias.	
3. Blood gas abnormalities		

Electrolyte imbalance

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5. Trauma 6. Drug toxicity

o.

120

Employ a systematic method	الماليات المالية ما منطبية	interpretation.
the analysis of	lile allaysis of	ch employ a

Employ a systematic method of EKG interpretation.	Interpret a variety of EKGs using a systematic approach.	
Describe approaches to the analysis of electrocardiograms which employ a consistent, systematic approach.	Practice EKG interpretation.	
Interpretation of EKG 1. Systematic approach a. specific analysis format b. rules for each	c. comparison of analysis to rules 2. Classification of dysrhythmlas a. originating in the SA node b. originating in the atria	c. orginaling in the Av

192

conduction disorders

originating in the ventricles

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Junction



SUBJECT AREA:	Provide Care at the Advanced Life Support Level	CRIT
TASK NUMBER:	C-7 Perform direct current (DC) countershock with automatic or semi-automatic defibrillator	

	Defibrillate the pulseless	patient using an automated	defibrillator according to	protocol.
EVALUATIVE	CRITERION:			

EMS 157	
EMS 153	
COURSE NUMBERS:	

Perform direct current (DC) countershock using an automatic or semi-automatic defibrillator on the pulseless patient.

COMPETENCY:

-	INSTRUCTIONAL ACTIVITIES	LEARNER ACTIVITIES	OUTCOME COMPETENCY
ď	Types of Defibrillators 1. Manual	Describe the types of defibrillators available for use.	Recognize the types of defibrillators available for use with pulseless patients.
	2. Automatic		
	3. Semi-automatic		
æ	Indications 1. Unconscious	Describe the indications for use of an automated defibrillator.	Identify correctly the candidate for automatic or semi-automatic defibrillation.
	2. Puiseless		
	3. Apenic		
ن	Contraindications 1. Absence of any indicator	Describe the contraindications for use of an automated defibrillator.	Identify correctly the patient who is not a candidate for automatic or semi-automatic defibrillation.
	2. In a moving ambulance		

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7 Perform direct current (DC) countershock with automatic or semi-automatic

	OUTCOME COMPETENCY	
C-7 Perform direct current (DC) counershook with accounting of the defibrillator (continued)	LEARNER ACTIVITIES	
TASK NUMBER: C-7 Perform direct current (DX defibrillator (continued)	INSTRUCTIONAL ACTIVITIES	

position adhesive pads on connect cables from Automatic defibrillator a. CPR in progress Technique of Operation patient chest ف. ပ Ö

Practice the technique of defibrillation utilizing an automatic defibrillator.

appropriate candidate for defibrillation Defibrillate according to protocol an using an automatic defibrillator.

> Semi-automatic defibrillator તું

follow commands issued

by defibrillator

turn on defibrillate

ø.

position adhesive pads on CPR in progress patient chest е О

defibrillator to pads turn on defibrillator connect cables from ပ ö

cause defibrillator to clear personnel from analyze rhythm ė.

prompted by defibrillator contact with patient deliver shocks as Ġ

Practice the technique of defibrillation utilizing an automatic defibrillator.

appropriate candidate for defibrillation using a semi-automatic defibrillator. Defibrillate according to protocol an

clear personnel from

ö

contact with patient

defibrillator to pads

ERIC Full East Provided by ERIC

C-7 Perform direct current (DC) countershock with automatic or semi-automatic defibrillator (continued) TASK NUMBER:

OUTCOME COMPETENCY

OUTCOME COMPETENCY	Care appropriately for the patient whose pulse has been restored by automated defibrillation.	Care appropriately for the patient whose pulse has not been restored by automated defibrillation.
LEARNER ACTIVITIES C	Describe patient care following successful defibrillation.	Describe patient care following unsuccessful attempts at defibrillation.
INSTRUCTIONAL ACTIVITIES	E Following Defibrillation 1. Restoration of pulse a. ventilate as necessary	2. Pulse absent a. continue CPR

according to local protocol repeat defibrillation

c. transport

123/24

a. continue CPR b. repeat defibrilla

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EVALUATIVE CRITERION: Provide Care at the Advanced Life Support Level SUBJECT AREA:

C-8 Perform direct current (DC) countershock with manual defibrillator

TASK NUMBER:

Perform direct current according to protocol. countershock with a manual defibrillator

> Perform the correct form of direct current countershock on the patient using a manual delibrillator. COMPETENCY:

EMS 157

COUPSE NUMBERS:

INSTRUCTIONAL ACTIVITIES	LEARNER ACTIVITIES	OUTCOME COMPETENCY
A. Types of DC Countershock 1. Defibrillation 2. Cardioversion	Describe the different types of DC countershock.	Differentiate between defibrillation and cardioversion.
A. Indications 1. Defibrillation a, ventricular fibrillation b. pulseless ventricular tachycardia c. asystole/fine ventricular fibrillation	Describe the patient who is a candidate for defibrillation.	Indicate without error adult and pediatric patients who are candidates for defibrillation from a variety of presentations.
 Cardioversion a. symptomatic ventricular tachycardia b. symptomatic supraventricular tachycardia 	Describe the patient who is a candidate for synchronized cardioversion.	Identify correctly adult and pediatric patients who are candidates for synchronized cardioversion from a variety of presentations.

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C-8 Perform direct current (DC) countershock with manual defibrillator (continued) TASK NUMBER:

	INSTRUCTIONAL ACTIVITIES	LEARNER ACTIVITIES	OUTCOME COMPETENCY
	B. Contraindications 1. Defibrillation a. patient with a pulse	Describe the patient who is not a candidate for defibrillation.	Identify without error adult and pediatric patients who are not candidates for defibrillation from a variety of presentations.
126	 Cardioversion a. asymptomatic ventricular tachycardia b. asymptomatic supraventricular tachycardia 	Describe the patient who is not a candidate for synchronized cardioversion.	Identify correctly adult and pediatric patients who are not candidates for synchronized cardioversion from a variety of presentations.
	C. Hazards 1. Shock to care givers.	Describe the hazards associated with DC countershock.	Identify the hazards associated with DC countershock.

Practice delivering a precordial thump in cardiac arrest situations.

1. American Heart Association

Technique

ä

standards

2. Precordial thump

1. Shock to care givers. 2. Conversion to asystole

monitored or witnessed cardiac arrest Deliver a precordial thump to the patient according to protocol

(continued)	
defibrillator	
manual	
with	
(DC) countershock	
(DC)	
current	
direct	
C-8 Perform	
TASK NUMBER:	

	INSTR	INSTRUCTIONAL ACTIVITIES	LEARNER ACTIVITIES	OUTCOME COMPETENCY
127	က်	Defibrillation a. assess rhythm b. reduce skin resistance c. select energy level d. charge defibrillator e. clear the area f. defibrillate g. reassess rhythm h, check pulse	Practice the technique of defibriliation of the adult and pediatric patient as reflected in the standards of the American Heart Association.	Demonstrate the technique for defibrillation of the adult and pediatric patient.according to American Heart Association standards.
,	₹	a. assess rhythm a. assess rhythm b. sedate patient c. reduce skin resistance d. select energy level e. turn on synchronizer f. clear the area g. cardiovert h. reassess rhythm i. check pulse	Practice the technique of cardioversion of the adult and pediatric patient.as reflected in the standards of the American Heart Association	Demonstrate the technique for cardioversion of the adult and pediatric patient according to American Heart Association standards.

presented with a variety of patient following DC countershock when Reassess the patient accurately outcomes. Describe the method for reassessing and continuing care of the patient following DC countershock.

Reassessment of Patient Status

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1. Cardiac monitor

2. Check pulse3. Repeat DC countershock



C-8 Perform direct current (DC) countershock with manual defibrillator (continued) TASK NUMBER:

OUTCOME COMPETENCY LEARNER ACTIVITIES INSTRUCTIONAL ACTIVITIES Determine the need for further DC countershocks when presented with a variety of patient outcomes following DC countershock.

Determine the need for additional treatment when presented with a variety of patient outcomes following DC countershock.

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Provide Care at the Advanced Life Support Level SUBJECT AREA:

EVALUATIVE CRITERION:

Externally pace the patient in need of pacing.

> C-9 Perform external cardiac pacing TASK NUMBER:

Utilize the external cardiac pacer to correct COMPETENCY:

cardiac dysrhythmias.

EMS 157 COURSE NUMBERS:

OUTCOME COMPETENCY
LEARNER ACTIVITIES
INSTRUCTIONAL ACTIVITIES

Describe the patient who is a candidate for external cardiac pacing.

Identify patients who are candidates for external cardiac pacing from a variety of patient presentations.

> Asystole ю .

Symptomatic bradycardia

1. Failure of drug therapy

Indications for Pacing

Overdrive pacing

1. Apply monitoring electrodes Technique of External Pacing œi

Connect pacing electrodes to Apply pacing electrodes pacer output

Increase output current Set pacing rate above patient rate

until capture is achieved Increase output current 6

another 10%

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Monitor patient

Practice the technique of externally pacing the patient.

Demonstrate the technique for externally manufacturer's directions for use of the pacing the patient.adhering to external cardiac pacer.

212

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INSTRUCTIONAL ACTIVITIES

Complications of External Pacing

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1. Patient discomfort

LEARNER ACTIVITIES

Describe the complications associated

with external pacing.

Describe means of diminishing patient

discomfort during external pacing.

Identify the complications associated

with external pacing.

Sedate the candidate for cardiac pacing with the appropriate drug dose.

Reposition pacing electrodes appropriately to reduce patient discomfort during pacing. Handle pacing electrodes properly.

2. Stray electrical conduction

electrical conduction to individuals other Describe means of reducing possible than the patient during pacing.

Provide Care at the Advanced Life Support Level SUBJECT AREA:

EVALUATIVE

Obtain peripheral venous access in an adult and pediatric patient.

> C-10 Establish peripheral venous access TASK NUMBER:

Establish a peripheral venous access in the

CRITERION:

EMS 153 EMS 161 EMS 171 adult and pediatric patient.

COMPETENCY:

COURSE NUMBERS:

OUTCOME COMPETENCY **LEARNER ACTIVITIES** INSTRUCTIONAL ACTIVITIES

Describe the indications for establishing

peripheral venous access.

Identify the patient in need of peripheral venous access.

> Secure blood sample Fluid replacement

Complications Infection

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Describe patient presentations for those complications which can result from the establishment of a peripheral venous

a complication from the establishment of Recognize the patient w.o has developed a peripheral venous access.

> Pyrogenic reaction Pulmonary edema Thrombophlebitis Air embolism Infiltration

Hematoma Pain

Arterial cannulation

Catheter shear

SAS

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Indications

Drug administration

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(continued)	
Venous access	
-10 Establish peripheral venous	
C-10	
TASK NUMBER:	

·	INSTRUCTIONAL ACTIVITIES	LEARNER ACTIVITIES	OUTCOME COMPETENCY
	C. Advantages1. Direct access lifeline2. Medication administration route	Describe the advantages of establishing peripheral venous access.	List the advantages of using peripheral veins for establishing venous access.
132	D. Cannulas1. Hollow needle2. Over the needle3. Through the needle4. Heparin lock	Describe the various types of intravenous cannulas and their uses.	ldentify venous cannulas by type and use.
	E. Access Sites 1. Adult a. hand b. forearm c. anticubital fossa d. external jugular e. foot and leg	Locate the various veins which can be used for venous access in the adult patient.	Locate an appropriate peripheral vein for the establishment of venous access in the adult patient.
	2. Pediatric patient a. hand b. forearm c. anticubital fossa d. external jugular e. scalp f. foot and leg	Locate the various veins which can be used for venous access in the pediatric patient.	Locate an appropriate peripheral vein for the establishment of venous access in the pediatric patient.

(C)

(continued)
C-10 Establish peripheral venous access
TASK NUMBER:

1	INSTRUCTIONAL ACTIVITIES	LEARNER ACTIVITIES	OUTCOME COMPETENCY
пŢ	F. Technique	Practice the technique of establishing	Establish a peripheral venous access
	1. Select site	peripheral venous access.	according to protocol in the adult and
	2 Prepare site		pediatric patient.
	3. Insert needle and/or		
	cannula		
	4. Infuse appropriate solution		
	5. Check site		
	6. Secure cannula		
	7. Secure tubing when		

Describe the method for reassessing an Reassess the patient accurately established peripheral venous access. peripheral venous access.	Practice the technique for discontinuing Demonstrate the proper technique for intravenous therapy. peripheral venous assess.
Reassessment 1. Flow rate 2. Venipuncture site 3. Secured 4. Patient status	Discontinuance of Intravenous Therapy 1. Discontinue fluid flow 2. Remove cannula

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Apply dressing and bandage

Apply pressure to site Apply antiseptic

Check flow rate as

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necessary

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necessary

TASK NUMBER:

C-10 Establish peripheral venous access (continued)

OUTCOME COMPETENCY Describe the benefits of MAST in a shock state when venous access is required. LEARNER ACTIVITIES INSTRUCTIONAL ACTIVITIES Special Situations
1. Shock
a. use of MAST

Employ MAST trousers appropriately in the establishment of venous access in a patient in shock.

Provide Care at the Advanced Life Support Level SUBJECT AREA:

Perform venipuncture according to protocol to a sample of blood from the patient. EVALUATIVE CRITERION:

> C-11 Obtain venous blood sample TASK NUMBER:

Perform the techniques of peripheral venipuncture to obtain a blood sample. COMPETENCY:

EMS 153 EMS 161 EMS 171 COURSE NUMBERS:

INSTRUCTIONAL ACTIVITIES COMPETENCY	Identify the patient from who appropriate to obtain a blood Locate an appropriate periph the purpose of obtaining a blo the adult patient.
Describe the indications for obtaining a blood sample. Locate the various veins which can be used for obtaining a blood sample in the adult patient.	
Describe the indications for obtaining a status blood sample. sose fevel glevels natocrit	Locate an appropriate peripheral veir the purpose of obtaining a blood samp the adult patient.
	Identify the patient from whom it is appropriate to obtain a blood sample.

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anticubital fossa

forearm

ف نه ပ foot and leg

223

scaip

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C-11 Obtain venous blood sample (continued)

TASK NUMBER:

	INSTRUCTIONAL ACTIVITIES	LEARNER ACTIVITIES	OUTCOME COMPETENCY
ن ن	C. Technique I	Practice the technique of establishing	Establish a peripheral venor
	1. Select site	peripheral venous access which can be	according to protocol in the
	2. Prepare site	used for obtaining a blood sample.	pediatric patient which can
	3. Insert needle and/or		for the purpose of obtaining
	cannula		sample.
	4. Attach syringe		
	5. Withdraw blood sample		
	6. Infuse appropriate IV		

Practice th	ampling.
ڇ	Sa
	0
=	site
echnique	Select
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Insert needle and vacuum

Prepare site

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tube container

Secure blood sample Attach vacuum tube

Withdraw needle Apply pressure

4 . 6 . 6 . 6

he technique of venous blood

Obtain a venous blood sample according to standard procedure.

338



Apply dressing and bandage

Infuse appropriate IV

Secure tubing as necessary

Secure cannula

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Check site

solution

Check flow rate as

necessary

Transfer blood sample to

တ်

vacuum tube/s

EMERGENCY MEDICAL SCIENCE (T-139)

C-11 Obtain venous blood sample (continued)

TASK NUMBER:

.	INSTRUCTIONAL ACTIVITIES	LEARNER ACTIVITIES	OUTCOME COMPETENCY
щ	Complications	Describe patient presentations for those	Recognize the patient who has developed
Ì		complications which can result from the	a complication from the establishment of
	2. pyrogenic reaction	establishment of a peripheral venous	a peripheral venous access.
	3. thrombophlebitis	access.	
	4. air embolism		
	5. pain		
	6. Һетаtота		
	7. arterial cannulation		
	8. catheter shear		

EVALUATIVE CRITERION: Provide Care at the Advanced Life Support Level SUBJECT AREA:

linfusion according to protocol. Establish an interosseous

> Establish an interosseous infusion line in the COMPETENCY:

C-12 Perform interosseous infusion

TASK NUMBER:

pediatric patient.

EMS 257 COURSE NUMERRS:

C'UTCOME COMPETENCY
LEARNER ACTIVITIES
INSTRUCTIONAL ACTIVITIES

Describe the Indications for use of an 1. Age a. up to 60 months Indications ë

interossoeus infusion to administer fluids and medications to a pediatric patient.

Identify the candidate for interosseous

infusion by age.

Identify the candidate for interosseous

infusion by need for venous access.

medication route needed a. peripheral IV attempts large fluid volume unsuccessful ن ہے

Venous access necessary

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139

Patient condition a. shock ი.

cardiac arrest сота ن <u>ن</u>

Peripheral venous access 1. Older pediatric patient Contraindications

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available

Describe the contradictions for use of an interosseous infusion,

candidate for an interosseous infusion. Identify the patient who is not a

Identify the candidate for interosseous

Infusion by medical condition.

C-12 Perform interosseous infusion (continued)

TASK NUMBER:

OUTCOME COMPETENCY	Identify the hazards associated with the	establishment of an interossecus infusion
LEARNER ACTIVINES	Describe the hazards associated with the	establishment of an interosseous
INSTRICTIONAL ACTIVITIES	change of 1	C. nazarus

OUTCOME COMPETENCY	Identify the hazards associated with the establishment of an interosseous infusion in the pediatric patient.	Establish an interosseous infusion according to protocol in the appropriate pediatic patient.
LEARNER ACTIVITIES	Describe the hazards associated with the establishment of an interosseous infusion.	Practice establishing an interosseous infusion.
INSTRUCTIONAL ACTIVITIES	C. Hazards 1. Fluid overload 2. Infection	D. Technique1. Prepare site2. Insert spinal needle3. Ensure placement in

	Reassess the patient with an interosseus Infusion line in place.
	Describe the steps in the reassessment of the patient with an interosseous infusion.
marrow cavity 4. Test infusion 5. Secure needle and tubing	Reassessment 1. Drip rate 2. Patient condition

marrow cavity

140

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ERIC

Provide Care at the Advanced Life Support Level SUBJECT AREA:

C-13 Administer medications on the

TASK NUMBER:

EVALUATIVE CRITERION:

to the patient in the correct amount Administer the correct medication ane via the proper route.

> Administer approved medications to patients EMT-intermediate formulary **COMPETENCY**:

according to drug treatment protocols.

EMS 153 COUPSE NUMBERS: OUTCOME CONTENCY LEARNER ACTIVITIES

Mandatory EMT-Intermediate (EMT-I) Ä

141

INSTRUCTIONAL ACTIVITIES

Formulary

1. Intravenous solutions lactated Ringers <u>Ş</u> તં

normal saline ن غ

subcutaneous epinephrine Parenteral Pharmaceuticals તાં

50% dextrose તાં

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Oral Pharmaceuticals

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a. syrup of ipecac

according to the EMT-I formulary.

Describe parenteral pharmaceuticals

which the EMT-I may administer

Describe oral pharmaceuticals which the EMT-I may administer according to the

Identify the oral pharmaceuticals on the EMT-I formulary.

Identify the parenteral pharmaceuticals

on the EMT-. 'ormulary.

Identify the intravenous solutions on the EMT-1 formulary.

Describe intravenous solutions which the

EMT-1 may administer according to the

EMT-I formulary.

EMT-1 formulary.

23%

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EMERGENCY MEDICAL SCIENCE (T-139)

TASK NUMBER:	C-13 Administer medication	C-13 Administer medications on the EMT-intermediate formulary (continued)	(pe)
INSTRUCTIONAL ACTIVITIES	CTIVITIES	LEARNER ACTIVITIES	OUTCOME COMPETENCY
B. Drug Information 1. Therapeutic effects	effects	Describe the therapeutic effects of each drug on the EMT-I formulary.	Select the appropriate drug from the EMT-I formulary for a given patient presentation based on the therapeutic effects of the drug.
2. Indications		Describe the indications for use of each drug on the EMT-I formulary.	Select the appropriate drug from the EMT-I formulary for a given patient presentation based on the indications for use of the drug.
3. Contraindications	ations	Describe the contraindications for use of each drug on the EMT-I formulary.	Recognize a drug from the EMT-I formulary as inappropriate for a particular patient presentation based on the contraindications for use of the drug.

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Identify the potential side effects of each drug on the EMT-I formulary used in a particular patient presentation.

Describe the side effects of each drug on the EMT-I formulary.

4. Side effects

142

238

EMERGENCY MEDICAL SCIENCE (T-139)

C-13 Administer medications on the EMT-intermediate formulary (continued) TASK NUMBER:

instructional activities 5. How supplied formul 6. Adult dose/s the El 7. Pediatric dose/s drug of administration bescri	LEARINER ACTIVITIES OUTCOME COMPETENCY	Describe how each drug on the EMT-I identify the form/s in which each drug formulary is supplied.	Describe the adult dose/s of each drug on Calculate the correct adult dose for each the EMT-I formulary for a given patient presentation.	Describe the pediatric dose/s of each Calculate the correct pediatric dose for drug on the EMT-I formulary for a given patient presentation.	Describe the route/s of administration of Administer each drug on the EMT-I formulary.
1			Adult dose/s		Route/s of administration

EVALUATIVE CRITERION: Provide Care at the Advanced Life Support Level SUBJECT AREA:

C-14 Administer medications on the

TASK NUMBER:

COMPETENCY:

to the patient in the correct amount Administer the correct medication

and via the proper route.

EMT-advanced intermediate formulary

Administer approved medications to patients according to drug treatment protocols.

EMS 154 EMS 155 EMS 157 EMS 254 EMS 255 EMS 257 COURSE NUMBERS:

INST	INSTRUCTIONAL ACTIVITIES	LEARNER ACTIVITIES	OUTCOME COMPETENCY
A. Ma (EN	Mandatory EMT-Advanced Intermediate (EMT-AI) Formulary 1. Intravenous solutions a. D5W b. lactated Ringers c. normal saline	Describe intravenous solutions which the EMT-AI may administer according to the EMT-AI mandatory formulary.	Identify the intravenous solutions on the EMT-AI mandatory formulary.
e,	 2. Parenteral Pharmaceuticals a. atropine b. dextrose c. epinephrine d. lidocaine e. naloxone 	Describe parenteral pharmaceuticals which the EMT-AI may administer according to the EMT-AI mandatory formulary.	Identify the parenteral pharmaceuticals on the EMT-AI mandatory formulary.

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indications for use of the drug.

EMERGENCY MEDICAL SCIENCE (T-139)

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C-14 Administer medications on the EMT-advanced intermediate formulary (continued) TASK NUMBER:

INSTRUCTIONAL ACTIVITIES	LEARNER ACTIVITIES	OUTCOME COMPETENCY
3. Oral Pharmaceuticals a. nitroglycerin b. syrup of ipecac	Describe oral pharmaceuticals which the EMT-AI may administer according to the EMT-AI mandatory formulary.	Identify the oral pharmaceuticals on the EMT-AI mandatory formulary.
B. Drug Information 1. Therapeutic effects	Describe the therapeutic effects of each drug on the EMT-AI mandatory formulary.	Select the appropriate drug from the EMT-AI mandatory formulary for a given patient presentation based on the therapeutic effects of the drug.
2. Indications	Describe the indications for use of each drug on the EMT-AI mandatory formulary.	Select the appropriate drug from the EMT-AI mandatory formulary for a given patient presentation based on the indications for use of the drug.

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C-14 Administer medications on the EMT-advanced intermediate formulary (continued) TASK NUMBER:

	INSTI	INSTRUCTIONAL ACTIVITIES	LEARNER ACTIVITIES	OUTCOME COMPETENCY .
	, 6	3. Contraindications	Describe the contraindications for use of each drug on the EMT-AI mandatory formulary.	Recognize a drug from the EMT-AI mandatory formulary as inappropriate for a particular patient presentation based on the contraindications for use of the drug.
147	4.	Side effects	Describe the side effects of each drug on the EMT-AI mandatory formulary.	Identify the potential side effects of each drug on the EMT-Al mandatory formulary used in a particular patient presentation.
	Ö.	How supplied	Describe how each drug on the EMT-AI mandatory formulary is supplied.	Identify the form/s in which each drug on the EMT-AI mandatory formulary is supplied.
	ώ	Adult dose/s	Describe the adult dose/s of each drug on the EMT-AI mandatory formulary.	Calculate the correct adult dose for each drug on the EMT-AI mandatory formulary for a given patient presentation.

C-14 Administer medications on the EMT-advanced intermediate formulary (continued) TASK NUMBER:

LEARNER ACTIVITIES Describe the pediatric dose/s of each drug on the EMT-Al mandatory formulary.	Calculate the correct pediatric dose for each drug on the EMT-Al mandatory formulary for a given patient presentation.
Describe the route/s of administration of each drie on the FMT.Al mandatory	Administer each drug on the EMI-Al mandatory formulary via the appropriate
escribe or ormular escribe	Describe the pediatric dose/s of each drug on the EMT-Al mandatory Describe the route/s of administration of beach drug on the EMT-Al mandatory

protocol by the EMT-Al from the EMT-Al optional formulary. Identify drugs approved for use by local route for a given patient presentation. Describe drugs on the EMT-Al optional administer when authorized by local formulary which the EMT-Al may formulary. protocol. interhospital transfer drugs

Describe the therapeutic effects of each drug on the EMT-Al optional formulary. 1. Therapeutic effects Drug Information ä

EMT-Al optional formulary for a given Select the appropriate drug from the patient presentation based on the therapeutic effects of the drug.

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intravenous solutions

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1. sodium bicarbonate

Formulary

Optional EMT-Al Drug

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INSTRUCTIONAL ACTIVITIES	IIES LEARNER ACTIVITIES	OUTCOME COMPETENCY
2. Indications	Describe the indications for use of each drug on the EMT-At optional formulary.	Select the appropriate drug from the EMT-AI optional formulary for a given patient presentation based on the indications for use of the drug.
3. Contraindications	Describe the contraindications for use of each drug on the EMT-Al optional formulary.	Recognize a drug from the EMT-AI optional formulary as inappropriate for a particular patient presentation based on the contraindications for use of the drug.
4. Side effects	Descr be the side effects of each drug on the EMT-AI optional formulary.	Identify the potential side effects each drug on the EMT-Ai optional formulary used in a particular patient presentation.
5. How supplied	Describe how each drug on the EMT-Al optional formulary is supplied.	Identify the form/s in which each drug on the EMT-AI optional formulary is supplied.



C-14 Administer medications on the EMT-advanced intermediate formulary (continued) TASK NUMBER:

LEARNER ACTIVITIES OUTCOME COMPETENCY	Describe the adult dose/s of each drug on Calculate the correct adult dose for each the EMT-AI optional formulary. for a given patient presentation.	Describe the pediatric dose/s of each Calculate the correct pediatric dose for drug on the EMT-Al optional formulary. formulary for a given patient presentation.	Describe the route/s of administration of Administer each drug on the EMT-Al optional formulary via the appropriate formulary.
INSTRUCTIONAL ACTIVITIES	6. Adult dose/s	7. Pediatric dose/s	8. Route/s of administration
		15	0

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Provide Care at the Advanced Life Support Level SUBJECT AREA:

EVALUATIVE CRITERION:

to the patient in the correct amount Administer the correct medication and via the proper route.

> C-15 Administer medications on the TASK NUMBER:

EMT-paramedic formulary

Administer approved medications to patients

according to drug treatment protocols.

COMPETENCY:

EMS 154 EMS 155 EMS 157 EMS 254 EMS 255 EMS 257 COURSE NUMBERS:

OUTCOME COMPETENCY LEARNER ACTIVITIES INSTRUCTIONAL ACTIVITIES

Mandatory EMT-Paramedic

Describe intravenous solutions which the EMT-P may administer according to the EMT-P mandatory formulary.

Identify the intravenous solutions on the EMT-P mandatory formulary.

Parenteral Pharmaceuticals . Intravenous solutions lactated Ringers normal saline (EMT-P) Formulary <u>₹</u> Þ. S.

Describe parenteral pharmaceuticals according to the EMT-P mandatory which the EMT-P may administer formulary.

on the EMT-P mandatory formulary.

Identify the parenteral pharmaceuticals

Oral Pharmaceuticals nitroglycerin a, ლ

epinephrine dextrose

atropine

lidocaine naloxone syrup of ipecac

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Describe oral pharmaceuticals which the EMT-P may administer according to the EMT-P mandatory formulary.

Identify the oral pharmaceuticals on the EMT-P mandatory formulary.



(p	OUTCOME COMPETENCY	Select the appropriate drug from the EMT-P mandatory formulary for a given patient presentation based on the therapeutic effects of the drug.	Select the appropriate drug from the EMT-P mandatory formulary for a given patient presentation based on the indications for use of the drug.	Recognize a drug from the EMT-P mandatory formulary as inappropriate for a particular patient presentation based on the contraindications for use of the drug.	Identify the potential side effects of each drug on the EMT-P mandatory formulary used in a particular patient presentation.
C-15 Administer medications on the EMT-paramedic formulary (continued)	LEARNER ACTIVITIES	Describe the therapeutic effects of each drug on the EMT-P mandatory formulary.	Describe the indications for use of each drug on the EMT-P mandatory formulary.	Describe the contraindications for use of each drug on the EMT-P mandatory formulary.	Describe the side effects of each drug on the EMT-P mandatory formulary.
TASK NUMBER: C-15 Administer me	INSTRUCTIONAL ACTIVITIES	B. Drug Information 1. Therapeutic effects	2. Indications	3. Contraindications	4. Side effects

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TASK NUMBER:

C-15 Administer medications on the EMT-paramedic formulary (continued)

€	INSTRUCTIONAL ACTIVITIES	LEARNER ACTIVITIES	OUTCOME COMPETENCY
	5. How supplied	Describe how each drug on the EMT-P mandatory formulary is supplied.	Identify the form/s in which each drug on the EMT-P mandatory formulary is supplied.
	6. Adult dose/s	Describe the adult dose/s of each drug on the EMT-P mandatory formulary.	Calculate the correct adult dose for each drug on the EMT-P mandatory formulary for a given patient presentation.
	7. Pediatric dose/s	Describe the pediatric dose/s of each drug on the EMT-P mandatory formulary.	Calculate the correct pediatric dose for each drug on the EMT-P mandatory formulary for a given patient presentation.
	8. Route/s of administration	Describe the route/s of administration of each drug on the EMT-P mandatory formulary.	Administer each drug on the EMT-P mandatory formulary via the appropriate route for a given patient presentation.



255 25

C-15 Administer medications on the EMI-paramedic formulary (continued) TASK NUMBER:

	INS	INSTRUCTIONAL ACTIVITIES	LEARNER ACTIVITIES	OUTCOME COMPETENCY
	Q.T 4.8.8.4.8.8.4.	Optional EMT-P Drug Formulary 1. ACLS drugs 2. anaesthetics 3. cardio-respiratory agents 4. intravenous solutions 5. analgesics 6. interhospital transfer drugs 7. miscellaneous drugs	Describe drugs on the EMT-P optional formulary which the EMT-P may administer when authorized by local protocol-	Identify drugs approved for use by local protocol by the EMT-P from the EMT-P optional formulary.
_		Drug Information 1. Therapeutic effects	Describe the therapeutic effects of each drug on the EMT-P optional formulary.	Select the appropriate drug from the EMT-P optional formulary for a given patient presentation based on the therapeutic effects of the drug.
	οί	2. Indications	Describe the indications for use of each drug on the EMT-P optional formulary.	Select the appropriate drug from the EMT-P optional formulary for a given patient presentation based on the indications for use of the drug.



(continued)
formulary
IT-paramedic
ns on the EMT-p
Fredications or
5 Administer
C-15 Adr
TASK NUMBER:

INSTRUCTIONAL ACTIVITIES	ES LEARNER ACTIVITIES	OUTCOME COMPETENCY
3. Contraindications	Describe the contraindications for use of each drug on the EMT-P optional formulary.	Recognize a drug from the EMT-P optional formulary as inappropriate for a particular patient presentation based on the contraindications for use of the drug.
4. Side effects	Describe the side effects of each drug on the EMT-P optional formulary.	Identify the potential side effects each drug on the EMT-P optional formulary used in a particular patient presentation.
5. How supplied	Describe how each drug on the EMT-P optional formulary is supp'ied.	Identify the form/s in which each drug on the EMT-P optional formulary is supplied.
6. Adult dose/s	Describe the adult dose/s of each drug on the EMT-P optional formulary.	Calculate the correct adult dose for each drug on the EMT-P optional formulary for a given patient presentation.
7. Pediatric dose/s	Describe the pediatric dose/s of each drug on the EMT-P optional formulary.	Calculate the correct pediatric dose for each drug on the EMT-P optional formulary for a given patient presentation.

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EMERGENCY MEDICAL SCIENCE (T-139)

TASK NUMBER:

C-15 Administer medications on the EMT-paramedic formulary (continued)

OUTCOME COMPETENCY Describe the route/s of administration of each drug on the EMT-P optional LEARNER ACTIVITIES formulary. 8. Route/s of administration INSTRUCTIONAL ACTIVITIES

route for a given patient presentation as provided by local protocol. Administer each drug on the EMT-P optional formulary via the appropriate



Provide Care at the Advanced	Life Support Level
SUBJECT AREA:	

C-16 Perform gastric lavage

TASK NUMBER:

COMPETENCY:

EVALUATIVE CRITERION: Insert a nasogastric tube and wash out the contents of a patient's stomach according to protocol.

EMS 263	
EMS 162	
EMS 155	
COURSE NUMBERS:	

Utilize techniques to wash out stomach contents in acute situations.

		INSTRUCTIONAL ACTIVITIES	LEARNER ACTIVITIES	OUTCOME COMPETENCY
157	₹.	A. Indications for Use1. Poisoning2. Drug overdose3. Gastrointestinal hemorrhage	Describe the indications for the use of gastric lavage in the acute setting.	Recognize the patient in need of gastric lavage from a variety of patient presentations.
	ထ်	Types of Tubes 1. single lumen - Levin 2. double lumen - sump	Describe the types of tubes available for gastric lavage.	Identify the types of tubes available for gastric lavage.
	Ö	Technique of Insertion 1. Measure appropriate length 2. Position patient	Practice the technique of nasogastric intubation on mannikins.	Insert a nasogastric tube according to accepted protocol.

264

repeatedly during insertion Ensure position in stcmach

Insert tube slowly Have patient swallow

დ. 4.

Connect tube to suction

263

Secure tube

5.



gastric 1
Perform
C-16 L
TASK NUMBER:

ERIC ACTUAL TO PROVIDE BY ERIC

lavage (continued)

INSTRUCTIONAL ACTIVITIES

Retropharyngeal perforation Tracheal intubation

9, €, 4

Nasal bleeding

Complications

Fluid and electrolyte

imbalance

S.

Describe possible complications which can result from gastric lavage. LEARNER ACTIVITIES

Identify complications resulting from performance of the procedure of gastric lavage.

OUTCOME COMPETENCY

265

Cranial insertion in head trauma patient

EVALUATIVE CRITERION: Provide Care at the Advanced Life Support Level SUBJECT AREA:

C-17 Utilize advanced life support equipment

on EMT-intermediate performance list TASK NUMBER:

Utilize EMT-I advanced life support equipment according to protocol in the care of the emergency patient.

> patient condition. **EMS 153** COURSE NUMBERS:

life support equipment to stabilize and improve

Utilize EMT-intermediate (EMT-I) advanced

COMPETENCY:

OUTCOME COMPETENCY **LEARNER ACTIVITIES** INSTRUCTIONAL ACTIVITIES

Describe the regulations authorizing EMT- intermediate performance. Administrative Code Performance Listing T21: 32H .0403 1. North Carolina ď.

159

Cite the regulatory authorization for EMT-intermediate performance. Review the procedures and protocols for specific performance functions of the EMT-intermediate.

Equipment by Specific Task

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Infravenous solution

venous access

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ف

administration blood sampling

equipment approved for use by the EMT-Demonstrate proficiency in the use of advanced life support intermediate.

> automated defibrillation esophageal obturatation ن نه

EMT-I medication

ن ن

administration

C-17 Utilize advanced life support equipment on EMT-intermediate performance list TASK NUMBER:

(continued)
INSTRUCTIONAL ACTIVITIES

OUTCOME COMPETENCY

Communicate effectively with the hospital using the MED channels. Practice radio communication techniques employing the MED channels. communication a. MED channel equipment

Additional EMT-1

.

Provide Care at the Advanced Life Support Level SUBJECT AREA:

Utilize EMT-Al advanced life to protocol in the care of the support equipment according emergency patient. **EVALUATIVE** CRITERION:

> EMT-Advanced Intermediate performance list. C-18 Utilize advanced life support equipment on TASK NUMBER:

advanced life support equipment to stabilize and/or Utilize EMT-Advanced intermediate (EMT-AI)

COMPETENCY:

improve patient condition.

COURSE NUMBERS: EMS 154 EMS 155 EMS 157 EMS 172 EMS 255

INSTRUCTIONAL ACTIVITIES	LEARNER ACTIVITIES	OUTCOME COMPETENCY
A. Performance Listing 1. North Carolina Administrative Code T21: 32H .0406	Describe the regulations authorizing EMT-advanced intermediate performance.	Cite the regulatory authorization for EMT-advanced intermediate performance.
 Equipment by Specific Task a. venous access b. intravenous solution 	Review the procedures and protocols for specific performance functions of the EMT-advanced intermediate.	Demonstrate proficiency in the use of advanced life support equipment approved for use by the EMT-advanced

approved for use by the EMT-advanced o esn e intermediate.

administration blood sampling

EMT-Al medication administration

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defibrillation

9

22.22 22.22 23.22 23.23

esophageal obturatation external cardiac pacing

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endotracheal intubation

C-18 Utilize advanced life support equipment on EMT-advanced intermediate (continued)

TASK NUMBER:

performance list

Send data to the hospital vi	Practice the transmission of data via	b. biotelemetry
hospital úsing the MED chan	employing the MED channels.	communication
Communicate effectively w	Practice radio communication techniques	a. MED channel
		equipment
		3. Additional EMT-AI
OUTCOME COMPETENCY	LEARNER ACTIVITIES	INSTRUCTIONAL ACTIVITIES

biotelemetry frequencies.

ectively with the MED channels. Send data to the hospital via biotelemetry frequencies.

SUBJECT AREA: Provide Care at the Advanced
Life Support Level

C-19 Utilize advanced life support equipment on EMT-paramedic performance list.

TASK NUMBER:

COMPETENCY:

Utilize advanced life support equipment to stabilize and improve patient condition.

EVALUATIVE
CRITERION: Utilize advanged life support equipment according to protocol in the care of the emergency patient.

COURSE NUMBERS:

OUTCOME COMPETENCY **LEARNER ACTIVITIES** INSTRUCTIONAL ACTIVITIES Performance Listing Ä

Describe the regulations authorizing EMT-paramedic performance.

Cite the regulatory authorization for

EMT-paramedic performance.

Review the procedures and protocols for specific performance functions of the EMT-paramedic.

Equipment by Specific Task

ç.

Venous access

Administrative Code

1. North Carolina

T21: 32H .0402

Intravenous solution

نو

administration blood sampling

administration

medication

o o

Demonstrate proficiency in the use of advanced life support equipment approved for use by the EMT-paramedic.

23

endotracheal intubation

espohageal obturation

pleural decompression

defibrillation cardioversion cricothyroidotomy

6 € ...

C-19 Utilize advanced life support equipment on EMT-Paramedic performance list. TOSS NUMBER:

	OUTCOME COMPETENCY
	LEARNER ACTIVITIES
(continued	INSTRUCTIONAL ACTIVITIES

Additional EMT-paramedic	Describe additional advanced life support	List addition
performance equipment	equipment authorized for use by the	EMT-param
a. gas-powered nebulizer	EMT-paramedic.	advanced
 b. hand-powered net/ulizer 		

urinary catheterization external cardiac pacing

gastric lavage

List additional equipment available to the EMT-paramedic for performance of advanced life support.

B. Use of Additional Equipment1. Indications

biotelemetry

. . 2. Contraindications

Describe the indications for use of the additional equipment on the EMT-paramedic performance list.

Describe the contraindications to use of the additional equipment on the EMT-paramedic performance list.

State the indications for use for each additional piece of equipment on the EMT-paramedic performance list.

State the contraindications to use of each additional piece of equipment on the EMT-paramedic performance list.

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positive end expiratory pressure respirator MED channel radios

t on EMT-Paramedic performance list.	
advanced life support equipment on EMT-Paramedi	
: C-19 Utilize advanced li	(continued)
NUMBER: C-1	
TASK	

INST	INSTRUCTIONAL ACTIVITIES	LEARNER ACTIVITIES	OUTCOME COMPETENCY
3.	3. Techniques of operation	Describe the technique(s) of operation of the additional equipment on the EMT-paramedic performance list.	Demonstrate the proper application of each additional piece of equipment on the EMT-paramedic performance list.
₹.	Assessment	Describe the assessment of the patient following the use of the additional equipment on the EMT-paramedic performance list.	Demonstrate the appropriate assessment of the patient following the use of each additional piece of equipment on the EMT-paramedic performance list.
ŗ,	Reassessment	Describe the reassessment of the patient following the additional equipment on the EMT-paramedic performance list.	Demonstrate the appropriate reassessment of the patient following the use of each additional piece of equipment on the EMT-paramedic performance list.

165/166

EVALUATIVE CRITERION: Provide Care at the Advanced Life Support Level SUBJECT AREA:

Perform urinary catheterization

using aseptic technique and adhering to protocol.

Utilize techniques and procedures to obtain sterile access to the urinary system. C-20 Perform urinary cathoterization TASK NUMBER:

COMPETENCY:

EMS 155 COURSE NUMBERS:

	INSTRUCTIONAL ACTIVITIES	LEARNER ACTIVITIES	OUTCOME COMPETENCY
<	 A. Indications in Acute Setting 1. Measurement of urinary output 2. Prevent incontinence following medication 	Describe the indications for the use of urinary catheterization in the acute setting.	Recognize the patient in need of urinary catheterization from a variety of patient presentations.
ю́	Hazards 1. Infection 2. Urinary tract trauma 3. Bladder spasm	Describe hazards associated with urinary catheterization.	Recognize hazards associated with urinary catheterization.
්	. Types of Catheters 1. Materials a. plastic	Describe the types of catheters available for urinary catheterization.	Identify the types of and uses for the various kinds of urinary catheters.

latex rubber

ள் <u>ப்</u> ப்

silicone

(continued) C-20 Perform urinary catheterization

	ITIES
	INSTRUCTIONAL ACTIVITIES
	UCTION/
	INSTR

TASK NUMBER:

LEARNER ACTIVITIES

OUTCOME COMPETENCY

- ∾ં
- a. female 14-16 French Sizes guidelines
 - b. male 18-20 French
 - c. child 8-10 French
- Lumens ლ
- a. single
 - b. double
- c. triple

catheterization on female and male Practice the technique of urinary mannikins.

employing aseptic technique.and adhering Catheterize an adult male and female to standard procedure protocol.

- Technique of Catheterization a.
 - Position patient
- Set up drainage system Set up sterile
 - catheterization tray Don sterile gloves
- Lubricate catheter tip Drape patient S.
- Attach prefilled syringe to balloon lumen
 - Insert indwelling catheter Cinanse perineal area
 - Inflate balloon 0
- Ensure retention
- Attach drainage system
 - Secure tubing <u>5</u> 6

C-20 Perform urinary catheterization

Monitor the patient appropriately following urinary catheterization. OUTCOME COMPETENCY monitoring procedures used following urinary catheterization. Describe the reassessment and **LEARNER ACTIVITIES** (continued) INSTRUCTIONAL ACTIVITIES 1. Monitor urine flow Insure security of placement Reassessment TASK NUMBER: ш

Follow Infection Control Procedure SUBJECT AREA:

D-1 Utilize protective equipment

TASK NUMBER:

CRITERION:

EVALUATIVE

Employ appropriate protective

Utilize the protective equipment recommended COMPETENCY:

equipment in the observance of

by the Centers for Disease Control (CDC)

universal precautions.

"Universal Precautions".

COURSE NUMBERS:

EMS 152 EMS 153 EMS 161 EMS 171 EMS 162 EMS 172 EMS 263 EMS 273

INSTRUCTIONAL CONTENT

OUTCOME COMPETENCY provided by the CDC for the utilization of Become familiar with the guidelines LEARNER ACTIVITIES

Identify a source of guidelines for the utilization of protective equipment by health care workers.

protective equipment by health care

workers.

a. MMWR 37 (24), 1988 MMRW 38 (38), 1989 NAEMT Report on Infection S.

and Infection Control, 3-90

cleaning/disinfecting a. all patient contacts

contacts and disinfectant procedures. Provide the rationale for emergency personnel to employ universal precautions during all patient

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1. Center for Disease Control

When to Use Equipment

guidelines for health care

Workers

D-1 Utilize protective equipment (continued) TASK NUMBER:

	INSTRUCTIONAL CONTENT	LEARNER ACTIVITIES	OUTCOME COMPETENCY
	B. What Equipment to Use 1. For blood and body fluid precautions 2. disposable gloves b. protective eye wear c. disposable face mask	Practice patient care while utilizing protective equipment to prevent contact with blood and body fluids.	Employ appropriate protective equipment when presented with an emergency situation where blood or body fluid contact is possible.
172	 For resuscitation a. bag-valve-mask b. pocket mask and valve 	Practice resuscitative measures while utilizing protective equipment to prevent contact with blood and body fluids.	Employ appropriate resuscitative equipment when presented with an emergency situation where blood or body fluid contact is possible.
	 For special situations a. disposable gowns 	Practice patient care while utilizing protective equipment to prevent contact with blood and body fluids in case of extreme contamination.	Employ appropriate protective equipment when presented with an emergency situation where significant blood or body fluid contact is possible.

Follow Infection Control Procedures SUBJECT AREA:

EVALUATIVE CRITERION:

Practice aseptic technique

Utilize techniques which prevent the D-2 Practice aseptic techniques TASK NUMBER: COMPETENCY:

when caring for a patient.

EMS 151 EMS 153 EMS 155 EMS 157 EMS 255 EMS 161 EMS 163 EMS 263 COURSE NUMBERS:

introduction or spread of infection.

		INSTRUCTIONAL CONTENT	LEARNER ACTIVITIES	OUTCOME COMPETENCY
172	k	A. Hand Washing1. Before patient contact2. Between patient contacts	Practice the techniques of hand washing for various patient contact situations.	Wash hands properly before and between all patient contacts.
	ထ်	Use of Antiseptics 1. Iodine preparations 2. Alcohol preparations	Demonstrate the the use of antiseptics to prevent infection in the emergency setting.	Use antiseptics appropriately when while performing emergency care procedures.
	Ö	USB - 1. 2. 3. 4. 6. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5.	Demonstrate the use of sterile equipment in the emergency setting.	Employ sterile equipment appropriately in the setting of an emergency.
		7. Drugs 8. Fluids 9. Needles and syringes		C C C C C C C C C C C C C C C C C C C

282

OUTCOME COMPETENCY	Dispose of single use equipment properly to prevent the spread of infection
LEARNER ACTIVITIES	Demonstrate the disposal of single use equipment.
INSTRUCTIONAL CONTENT	D. Use of Disposable Equipment1. Respiratory equipment2. Intravenous equipment3. Protective equipment

cedures	
n Control Pro	
ollow Infection	
SUBJECT AREA: F	
SUBJECT /	

EVALUATIVE CRITERION:

Dispose of biohazardous

D-3 Dispose properly of biohazardous material Employ approved standards for disposing of TASK NUMBER: COMPETENCY:

material according to standards.

EMS 152 EMS 153 EMS 161 EMS 171 EMS 162 EMS 162 EMS 263 EMS 273 COURSE NUMBERS:

biohazardous material.

	INSTRUCTIONAL CONTENT	LEARNER ACTIVITIES	OUTCOME COMPETENCY
175/176	A. Guidelines 1. Center for Disease Control a. MMWR 37 (24), 1988 b. MMRW 38 (38), 1989	Become familiar with the guidelir as available for the proper disposal of biohazardous material.	Identify two sources of guidel proper disposal of contaminat material.

lelines for the proper disposal of contaminated material.

> and Infection Control, 3-90 NAEMT Report on Infection Si

Become familiar with local protocol for disposing of biohazardous material as provided for in the NC Administrative Code.

the disposal of biohazardous may rial.

Identify the source of local protocol for

Disposal Procedures Needles ပ

a. Health care facilities

County Health

Department

1. NC Administratve Code

Regulations

В

T10: 03D .0900

Sharp instruments

Respiratory equipment Suction equipment

Protective equipment 295

Practice disposing of biohazardous materials.

Utilize local protocol to dispose of biohazardous material properly.

Follow Infection Control Procedures	D-4 Sanitize and disinfect unit and equipment
SUBJECT AREA:	TASK NUMBER:

Utilize approved standards to clean and disinfect

COMPETENCY:

emergency vehicles and equipment.

EVALUATIVE
CRITERION: Clean and disinfect an emergency vehicle and selected equipment according to infection control standards.

COURSE NUMBERS: EMS 256 EMS 171 EMS 172 EMS 273

		VONTE BOARD DARKOT SO
INSTRUCTIONAL CONTENT	LEAKNEH ACTIVITIES	

Properly dispose of single use equipment. equipment for cleaning and disinfecting the emergency vehicle and selected Utilize the appropriate protective equipment. Describe methods for disposing of single techniques while utilizing protective Practice cleaning and disinfecting use equipment. equipment. equipment when cleaning Dispose of disposable 1. Employ protective equipment Safety 8

Become familiar with the guidelines for Incleaning and disinfacting emergency convehicles and equipment.

a. MMWH 37 (24), 1988 b. MMRW 38 (34), 1000

Guidelines

œ.

Identify two source of guidelines for cleaning and disinfecting emergency vehicles and equipment.

2. NAEMT Report on Infection and Infection Control, 3-90

288

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D-4 Sanitize and disinfect unit and equipment (continued)

TASK NUMBER:

ļ	INSTRUCTIONAL CONTENT	LEARNER ACTIVITIES
C	G. Benulations	Become familiar with loc
j	1. NC Administrative Code	cleaning and disinfecting
	T10: 03D .0900	vehicles and equipment a
	a. Health care facilities	the NC Administrative Co
	b. County Health	
	Department	

Practice cleaning and disinfecting the emergency vehicle and equipment.

vehicle and selected equipment according cleaning and disinfecting emergency Clean and disinfect the emergency vehicles and equipment.

to approved local standarde

Identify the source of local protocol for

OUTCOME COMPETENCY

299

 Clean by wiping
 Disinfect by wiping Clean by washing

Procedures

o.

Disinfect by immersion Starilization

4 rc

EVALUATIVE CRITERION: Follow Infection Control Procedures D-5 Report significant exposure SUBJECT AREA: TASK NUMBER:

Follow standardized procedures for reporting significant exposure to an infectious agent.

COMPETENCY:

Employ appropriate measures for reporting significant exposure to an infectious agent.

OOURSE NUMBERS: EMS 151 EMS 153 EMS 155 EMS 171 EMS 172 EMS 273

OUTCOME COMPETENCY	Identify a significant exposure to an infectious agent for a variety of patient interactions.
LEARNER ACTIVITIES	Describe what constitutes a significant exposure to an infectious agent.
INSTRUCTIONAL CONTENT	A. Significant Exposure 1. Parenteral a. needle stick

Identify two sources which provide guidelines for handling significant exposure to infectious agents by emergency medical personnel. infectious agents by emergency medical provided by various agencies for the Become familiar with the guidelines handling of significant exposure to personnel. Center for Disease Control MMWH 36 (32), 1987 MMWH 37 (24), 1988 MMRW 38 (38), 1989 MMWR 36 (31), 1987 Guidelines ъ. i o

splash to mouth

splash to eye

<u>ن</u> ج

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Muccus membrane

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nonintact skin

b. cut c. noni

D-5 Report significant exposure (continued) TASK NUMBER:

OUTCOME COMPETENCY **LEARNER ACTIVITIES** INSTRUCTIONAL CONTENT

National Association of Technicians (NAEMT) **Emergency Medical** ς.

Infection Control, 3-90 Report on Infection and

Standardized procedure Reporting of Exposure ပ

Receiving hospital a. EMS system

Documentation ς.

patient records incident report 6

exposure report

a. EMS infection control receiving hospital Notification officer ؽ ი.

a. EMS Infection control Follow up notification receiving hospital officer ف ₹.

Describe the need for a standardized procedure for reporting significant exposure.

significant exposure to an infectious Review means of documenting a agent. P scribe notification procedures for a unificant exposure to an infectious

procedures following a significant exposure to an infectious agent. Describe follow-up notification

Describe the local protocol for reporting a significant exposure to an infectious

Document a significant exposure to an infectious agent according to local protocol.

List the personnel wh, according to significant exposure to an infectious local protocol, must be notified of a agent.

procedures after initial notification of significant exposure to an infectious Identify appropriate follow-up



OUTCOME COMPETENCY Describe measures which can be taken to lessen the risk of a significant exposure to an infectious agent. LEARNER ACTIVITIES Infection control procedures
 Continuing education Prevention of Exposure INSTRUCTIONAL CONTENT

ä

Identify preventive measures which can lessen the risk of a exposure to an infectious agent.

Coordinate Rescue Efforts, Gain Access, and Extricate SUBJECT AREA:

EVALUATIVE CRITERION:

Protect oneself at the scene of a rescue.

> E-1 Protect self TASK NUMBER:

COMPETENCY:

Utilize techniques to protect oneself during a rescue operation.

EMS 156 COURSE NUMBERS

OUTCOME COMPETENCY LEARNER ACTIVITIES INSTRUCTIONAL CONTENT Utilize protective clothing appropriate to

a particular rescue operation.

protects the rescuer against infectious

disease during a rescue operation.

Demonstrate the use of clothing which

Use of Protective Clothing Ä

1. Infectious disease protection

latex gloves face mask نو

eye shield

Environmental protection જં

fire resistance maintains body temperature رة ۵.

environmental hazards during a rescue

operation.

Demonstrate the use of clothing which

protects the rescuer against

penetration resistance

ပ

Protection of specific body parts ლ

helmets Ď.

gloves

ત્વં

boots ပ

face shields body armor Ġ.

Demonstrate the use of clothing which protects specific body parts of the rescuer during a rescue operation. ල ල ල

(continued)
E-1 Protect self
TASK NUMBER:

INSTRUCTIONAL CONTENT	LEARNER ACTIVITIES	OUTCOME COMPETENCY
B. Use of Protective Equipment	Demonstrate the use of equipment which	Utilize protective equipment appropriate
1. Eye protection devices	protects the rescuer during a rescue	to a particular rescue operation.
2. Hearing protection devices	operation.	-
3. Breathing protection devices		

iate to a particular rescue operation.

> Describe hazards faced by the rescuer which can result in injury during a rescue operation.

Environmental

Safety Hazards

ပ

Psychological

Physical Others

Structural

can result in injury to the rescuer during Recognize without error hazards which a rescue operation.

> result in injury to the rescuer during a Describe un afe procedures which can rescue operation.

> > Overestimating endurance Exceeding safety margins

Untrained personnel

Going it alone

. 9. ∪. ⊕

Underestimating hazards

Safety Pitfalls

Ö.

Overestimating ability

procedures which can result in injury to the rescuer during a rescue operation. Recognize without error unsafe

(continued)
self
Protect
E-1
TASK NUMBER:

INSTRUCTIONAL CONTENT	LEARNER ACTIVITIES	OUTCOME COMPETENCY
E. Specialized Training 1. Water rescue 2. Rescue from heights 3. Vehicle rescue 4. Hazardous material rescue 5. Trench rescue 6. Hostage rescue 7. Other types of rescue	Recognize the need for specialized training in rescue.	Undergo training appropriate to particular type of rescue opera before participating in a rescue

EVALUATIVE Coordinate Rescue Efforts, Gain Access, and Extricate SUBJECT AREA:

CRITERION:

injury during a rescue operation. Protect the patient from further

> E-2 Protect patient TASK NUMBER:

Utilize techniques to protect the patient during a rescue operation. COMPETENCY:

EMS 156 COUPSE NUMBERS:

OUTCOME COMPETENCY Demonstrate the use of equipment which protects the patient during a rescue LEARNER ACTIVITIES Use of Protective Equipment **INSTRUCTIONAL CONTENT** ď

protects the patient from further harm Utilize equipment appropriate to a particular rescue operation which during a simulated rescue,

> Breathing protection devices Eye protection devices Shlelding

operation.

Hearing protection devices

Heating devices 6

Cooling devices

Use of Protective Clothing m

Demonstrate the use of clothing which

protects the patient during a rescue

operation.

Helmet

Turn out coat

Blanket

Psychological Support

ပ

Provide information

1. Reassure

Demonstrate the use of techniques which provide psychological support to the patient during a rescue operation.

Utilize appropriate techniques to provide psychological support to a patient during a simulated rescue.

protects the patient from further harm

during a simulated rescue.

particular rescue operation which Utilize clothing appropriate to a

TASK NUMBER: E-2 Protect p

E-2 Protect patient (continued)

OUTCOME COMPETENCY

LEARNER ACTIVITIES

D. Disentanglement, Extrication, and Evacuation

Unnecessary body

INSTRUCTIONAL CONTENT

Patient's medical condition

movement Patient advocacy

> ر م بن

> > 188

Demonstrate techniques of disentanglement, extrication, and evacuation which consider the patient's medical condition.

Employ appropriate techniques of disentanglement, extrication, and evacuation which take into consideration the patient's medical condition.

Coordinate Rescue Efforts, Gain Access, and Extricate SUBJECT AREA:

ERIC

EVALUATIVE CRITERION:

Determine the equipment and personnel needed for a given

> E-3 Identify equipment and personnel needs TASK NUMBER:

Identify equipment and personnel necessary to effect a safe rescue.

COMPETENCY:

rescue.

EMS 156 COURSE NUMBERS: OUTCOME COMPETENCY LEARNER ACTIVITIES INSTRUCTIONAL CONTENT Assess the nature of a rescue situation

to determine equipment and personnel

needs.

situation which influence equipment and

personnel needs.

Describe those aspects of a rescue

Nature of Rescue ď 189/190

Number of patients Patient/s location Type of rescue

Scene hazards

Environmental conditions

Injured verses uninjured Medical Considerations

æ

Safety of patient/rescuer

Capabilities

ပ

personnel needs.

Describe the capabilities of personnel and equipment needed for various rescue situations.

rescue personnel and equipment for a situation to determine equipment and Assess the capabilities of available personnel needs.

given rescue situation.

Assess the medical aspects of a rescue

Describe the medical aspects of a rescue situation which influence equipment and

 Responding personnel Available equipment . ය ය

Coordinate Rescue Efforts, Gain Access, and Extricate SUBJECT AREA:

EVALUATIVE CRITERION:

Use rescue equipment to safely gain access and extricate the patient in need of rescue.

> E-4 Utilize rescue equipment TASK NUMBER:

COMPETENCY:

Gain access and extricate the patient using

rescue equipment.

EMS 156 COURSE NUMBERS: OUTCOME COMPETENCY **LEARNER ACTIVITIES** INSTRUCTIONAL CONTENT

Describe the nature of rescues requiring specialized equipment.

Identify a situation requiring specialized rescue equipment.

> Water rescue Types of Rescues ë

Rescue from heights Vehicle rescue 4

Hazardous material rescue Trench rescue ري ي

Hostage situations e.

Confined space rescue

Other rescues

1. Safety devices Rescue Equipment ш

a. clothing b. equipmen

equipment

Access equipment vehicles ю. Э તું

hand devices ن نے

power devices

3 2 3

equipment appropriate to various rescue Describe and practice with access operations.

Identify patient access equipment needed for a given rescue situation.

Identify safety equipment needed for a

Describe safety equipment appropriate to

various rescue operations.

given rescue situation.

Ф
rescue
Utilize
E-4
TASK NUMBER:

E-4 Utilize rescue equipment (continued)

INSTRUCTIONAL CONTENT	LEARNER ACTIVITIES	OUTCOME COMPETENCY
3. Medical equipment	Describe medical equipment necessary during various rescue operations.	Identify medical equipment necessary for a given rescue situation.
4. Disentanglement equipmenta. hand toolsb. power tools	Describe and practice with disentanglement equipment appropriate to various rescue operations.	Identify disentanglement equipment needed for a given rescue situation.
 Extrication equipment a. packaging devices b. immobilization devices 	Describe and practice with extrication equipment appropriate to various rescue operations.	Identify extrication equipment needed for a given rescue situation.

Coordinate Rescue Efforts, Gain Access, and Extricate SUBJECT AREA:

EVALUATIVE

Operate effectively within an incident command structure during a major rescue.

command system (ICS)

COMPETENCY:

Utilize the incident command system to coordinate

a major rescue operation.

Establish or function within an incident

E-5

TASK NUMBER:

CRITERION:

EMS 156 COUPSE NUMBERS:

OUTCOME COMPETENCY **LEARNER ACTIVITIES** INSTRUCTIONAL CONTENT

Describe the advantage of an ICS in the context of rescue and extrication situations.

Employs preplanning

Advantages of ICS

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193

List the advantages of using an incident command system during a rescue operation.

> Defines lines of authority Provides for control and Provides for transfer of coordination command დ. 4.

Utilizes common vocabulary Effects communication

Utilizes review process

Scope of ICS œ

Communication Coordination

Triage Staging

Safety

Supply . 9

incident command system during a Describe the responsibilities of an rescue operation.

Identify potential sector designations of responsibility of the system during a an ICS based of the scope of rescue operation.

(L)

(continued)
ent command system
nction within an incid
E-5 Establish or fu
TASK NUMBER:

OUTCOME COMPETENCY

LEARNER ACTIVITIES

INSTRUCTIONAL CONTENT

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	Design an ICS organizational chart to accommodate the needs of a given rescue scenario.	
	Describe the levels of complexity of an ICS necessary to handle various rescue situations.	Describe the organization chart of an ICS for rescues of various levels of complexity.
7. Extrication 8. Treatment 9. Transport	ICS Structure 1. Based on complexity of incident	 2. Top down organization a. incident commander b. task sectors c. task sub-sectors d. personnel and equipment assigned to sectors and sub- sectors by crews

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Function appropriatly at each level of responsibility of the incident command system during a simulated exercise.

Describe the responsibilities of various personnel within an incident command system.

Personnel Responsibilities

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Incident commander

Section officers Command staff

Crew members Crew leaders

4. rč

E-5 Establish or function within an incident command system (continued)

TASK NUMBER:

	INSTRUCTIONAL CONTENT	LEARNER ACTIVITIES	OUTCOME COMPETENCY
ш	E. ICS Tools 1. Identification clothing 2. Command post vehicle 3. Communication devices	Describe the use of specialized tools within an incident command system.	Employ appropriately each of the tools utilized by the ICS for a given rescue scenario.
п	Communications 1. Backbone of ICS 2. Follows chain of command	Describe the function of communications to an ICS during a rescue operation.	Communicate effectively as a functioning member of an incident command system.



ERIC Translated by ERIC

EMERGENCY MEDICAL SCIENCE (T-139)

SUBJECT AREA: Communicate

TASK NUMBER: F-1 Develop professional rapport

Establish effective, working relationships.

EVALUATIVE CRITERION:

Liglize techniques of communication to establish working relationships.

COMPETENCY:

COURSE NUMBERS: EMS 256 ENG 271

	INSTRUCTIONAL CONTENT	LEARNER ACTIVITIES	OUTCOME COMPETEN"
l ∢	A. Rapport with Patients 1. Initial contact a. identify self b. ask permission to help c. reassure patient.	Describe techniques which can be used to establish rapport with the patient.	Demonstrate the proper technique for initial contact with the patient.
	 2. Patient interview a. ask patient's name and use it b. speak normally c. make physically contact d. avoid confrontation e. answer truthfully f. provide information 	Practice interviewing employing techniques which can be used to develop rapport with the patient.	Demonstrate appropriate techniques for developing rapport during the patient interview process.
æi	. Rapport with Family/Bystanders 1. Initial contact a. identify self b. reassure	Describe techniques which can be used to establish rapport with the family and/or bystanders at the scene of an emergency.	Demonstrate appropriate techniques for establishing initial contact with family and/or bystanders at the scene of an emergency.

F-1 Develop professional rapport (continued) TASK NUMBER:

ERIC

AL CONTENT LEARNER ACTIVITIES OUTCOME COMPETENCY	
INSTRUCTIONAL CONTENT	

bystanders employing techniques which can be used to develop rapport with Practice interviewing family and members of these groups. ask name and use it avoid confrontation answer truthfully speak normally Interview

æ.

ر د

نو

ن ن ö

establishing rapport during the interview process with family and/or bystanders. Demonstrate appropriate techniques for

Demonstrate appropriate techniques for

establish a professional relationship with Describe techniques which can be used to an EMS partner.

establishing a professional relationship with an EMS partner.

> Describe techniques which can be used to develop an effective, working

> > two heads better than

ю.

On the scene

2

Demonstrate appropriate techniques for establishing an effective, working partnership.

partnership.

Demonstrate appropriate techniques for establishing an effective, working relationship with superiors.

Describe techniques which can be used to establish an effective, working relationship with superiors.

Rapport with Superiors

Ö

Approach to job

honest

æ.

Communications

ä

timely

obei

e a

competent thorough

ن نے

body language

ပ

ask or offer

نو

333

1. Developing a partnership

talking it out

a. tr⊞st b. talking

Rapport with Partner

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provide information

333

EMERGENCY MEDICAL SCIENCE (T-139)

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ABER:
NON >
TAS

lop professional rapport (continued)

Approach to job

a. honestb. thoroughc. competent

Describe techniques which can be used to establish a professional relationship with other medical care providers.

Demonstrate appropriate techniques for establishing a professional relationship with other medical care providers.

OUTCOME COMPETENCY

LEAFINER ACTIVITIES

199/200

Communications

٠.

a. open b. timely

Communicate SUBJECT AREA:

F-2 Relay patient information

TASK NUMBER:

CRITERION:

EVALUATIVE

information to those requiring Transmit accurate patient

it to continue patient care.

Utilize techniques of communication to COMPETENCY:

relay patient information.

EMS 151 EMS 153 EMS 256 EMS 171 EMS 172 EMS 273 ENG 271 COUPSE NUMBERS:

OUTCOME COMPETENCY **LEARNER ACTIVITIES** INSTRUCTIONAL CONTENT

Radio Reports Content

patient identification

Prepare radio reports for patients with a variety of chief complaints.

Prepare accumate radio reports for a nt presentations. variety of pa

> vital signs œ.

pertinent negatives

pertinent positives

chief complaint

medications

allergies

estimated time of arrival

requests

avoid use of codes Radio technique e ë ς.

use normal speaking Ď.

organize report ပ

employ economy of language ö

repeat orders Θ.

333

336

Present a radio report using appropriate

Practice giving radio reports using the

techniques of radio communication.

techniques of radio communication.

(continued)	
F-2 Relay patient information	
TASK NUMBER:	

	INSTRUC	INSTRUCTIONAL CONTENT	LEARNER ACTIVITIES	OUTCOME COMPETENCY
	B. Patien	Patient Turn-Over		
	1. To	1. To another paramedic	Describe the contents of the report	Fresent an accurate report
	તાં	a. patient identification	which is given when one paramedic turns	status when turning over pa
	Ġ	chief complaint	over patient care to another paramedic.	another paramedic.
	ပ်	pertinent positives	-;	3.°;
	Ö	pertinent negatives		
	6			
	- :	medications		
20	Ġ	allergies		
າວ	Ė	change in status		
	:			
		patient response to care		

sport on a patient's ver patient care to

> which is given when a paramedic turns Describe the contents of the report over patient care to the hospital emergency department staff. patient response to care To hospital emergency a. change in statusb. care renderedc. patient response to department staff

Present an accurate report on a patient's status when turning over patient care to the hospital emergency department staff.

330



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F-2 Relay patient information (continued) TASK NUMBER:

INSTRUCTIONAL CONTENT

LEARNER ACTIVITIES

OUTCOME COMPETENCY

Present an accurate report on a patient's status when turning over patient care to

another facility care giver.

over patient care to another facility care which is given when a paramedic turns

giver.

Describe the contents of the report

To other facility care givers patient identification რ

pertinent positives chief complaint ů. ند

pertinent negatives

vital signs . 6 G

medications

change in status allergies <u>.</u> 6 _ . . .

care rendered

patient response to care



Communicate	
SUBJECT AREA:	

F-3 Communicate with special populations Utilize techniques to communicate with TASK NUMBER: COMPETENCY:

from special patient populations

through the use of effective

communication techniques.

Obtain necessary information

EVALUATIVE CRITERION:

> EMS 256 EMS 257 ENG 271 special patient populations.

COURSE NUMBERS:

OUTCOME COMPETENCY	
LEARNER ACTIVITIES	
INSTRUCTIONAL CONTENT	

Obtain and transmit necessary

with patients whose physical condition paramedic to communicate effectively paramedic to communicate effectively Describe techniques which enable the Describe techniques which enable the with the very young and very old. makes communication difficult.

Physically handicapped

Physical Condition

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1. Children Elderly

205/206

1. Coma patient

with patients having mental barriers to paramedic to communicate effectively Describe techniques which enable the communication.

> 1. Mentally handicapped Non-English speaking

Mental Barriers

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Mental illness

communication with a pediatric and a communication with patients having various physical conditions which interfere with communications. Obtain and transmit necessary Obtain and transmit necessary information through effective information through effective information through effective geriatric patient.

communication with patients with mental barriers to communication.

() (3) (3)

Communicate SUBJECT AREA: TASK NUMBER:

F-4 Operate communication equipment

Operate communication equipment to transmit and receive information.

EMS 256 EMS 273

COURSE NUMBERS:

COMPETENCY:

Transmit and receive information by radio according to appropriate operating procedure. CRITERION:

EVALUATIVE

OUTCOME COMPETENCY LEARNER ACTIVITIES INSTRUCTIONAL CONTENT

components of an EMS communications Identify correctly by function the system. communications system and their uses. Describe the components of an EMS encoders and decoders **EMS Communications System** cellular telephones two way radios remote console portable radios base station repeaters 1. Components Θ. ب ج ö

Define terms used to describe radio frequencies. Describe the terms which apply to radio frequencies in general and EMS frequencies in particular. frequency modulation amplitude modulation Radio frequencies Hertz bands به ر<u>م</u> æ ς.

Identify correctly EMS communications frequencies.

MED channels

satellites

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(continued)
equipment
communication
F-4 Operate
ıĹ
TASK NUMBER:

INST	INSTRUCTIONAL CONTENT	LEARNER ACTIVITIES	OUTCOME COMPETENCY
က်	. Types of transmission a. simplex b. duplex c. multiplex d. biotelemetry	Describe the radio transmissions types available to EMS systems and the function of each.	Identify accurately by type a variety of communication transmissions.
. .	Operating Procedures 1. FCC licensing	Describe FCC licensing procedures which apply to EMS.	Identify a valid FCC operating license.for an EMS system.
8.	2. FCC regulations	Describe FCC regulations which apply to EMS.	Adhere to FCC regulations during a radio transmission.
ဗ်	. Dispatching	Describe procedures for receiving information from the dispatcher and responding.	Receive instructions from the dispatcher and transmit an appropriate response.
4). Codes	Describe the advantages and disadvantages of the use of codes in radio transmissions.	Use local protocol regarding codes in the transmission of a radio message.
ις.	5. Radio technique	Practice giving radio reports using the techniques of radio communication.	Present a radio report using appropriate techniques of radio communication.



Comply with federal, state, and local rules, regulations, and guidelines. Display Professionalism G-1 SUBJECT AREA: TASK NUMBER:

Obey federal, state, and local rules, regulations, and guidelines while functioning as an EMT-P,

COMPETENCY:

EMT-AI, EMT-I, EMT-D or EMT.

to applicable laws, rules, and Perform as an EMT adhering regulations. EVALUATIVE CRITERION:

> EMS 152 EMS 153 EMS 258 COURSE NUMBERS:

OUTCOME COMPETENCY	state Perform at the appropriate EMT level according to federal and state statutes.	ulations Perform at the appropriate EMT level
LEARNER ACTIVITIES	Describe pertinent federal and state legislation governing the role and practice of the EMT.	Describe pertinent federal regulations governing the role and practice of the
INSTRUCTIONAL CONTENT	A. Laws Governing EMS 1. Federal 2. State	B. Regulations Governing EMS1. Federala. safety

Perform at the appropriate EMT level according to state regulations. governing the role and practice of the EMT. Describe pertinent state regulations Medical Care Commission Department of Human Resources, Office of Board of Medical Examiners North Carolina

compensation employment

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Emergency Medical

Services

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EMERGENCY MEDICAL SCIENCE (T-139)

G-1 Comply with federal, state, and local rutes, regulations, and guidelines (continued) TASK NUMBER:

OUTCOME COMPETENCY	Perform at the appropriate EMT level according to local rules and regulations.
LEARNER ACTIVITIES	Describe pertinent local rules and regulations governing the role and practice of the EMT.
INSTRUCTIONAL CONTENT	C. Local Rules and Regulations 1. Municipal 2. EMS system

Display Professionalism SUBJECT AREA: TASK NUMBER:

G-2 Continue professional development

professional development.

Practice continued

EVALUATIVE CRITERION:

professional development activities.

Continue professional development through

COMPETENCY:

EMS 151 EMS 258 EMS 259 COURSE NUMBERS:

OUTCOME COMPETENCY	Identify the recertification requirements for the EMT-paramedic.
LEARNER ACTIVITIES	Describe the recertification process for the EMT-paramedic.
INSTRUCTIONAL CONTENT	 A. State Recertification Requirements 1. EMT-paramedic a. continuing education - 48 hours annually b. performance evaluation c. medical director

Identify the recertification requirements for the EMT-advanced intermediate.

Describe the recertification process for

EMT-advanced intermediate

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ALS written exam

practical exam

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recommendation

continuing education

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48 hours annually

performance evaluation

medical director recommendation

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ALS written exam

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practical exam

the EMT-advanced intermediate.

G-2 Continue professional development (continued)

TASK NUMBER:

INST	INSTRUCTIONAL CONTENT	LEARNER ACTIVITIES	OUTCOME COMPETENCY
ဗ်	3. EMT-intermediate a. continuing education - 48 hours annually b. performance evaluation c. medical director recommendation d. ALS written exam e. practical exam	Describe the recertification process for the EMT-intermediate.	Identify the recertification requirements for the EMT-intermediate.
4.	 4. EMT-defibrillation a. continuing education 36 hours annually b. performance evaluation c. medical director recommendation d. ALS written exam e. practical exam 	Describe the recertification process for EMT-defibrillation.	Identify the recertification requirements for EMT-defibrillation.
က်	EMT a. continuing education - 36 hours annually b. state practical exam	Describe the recertification process for the EMT.	Identify the recertification requirements for the EMT.

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Identify specific ways of continuing professional education through selfdirected means.

Identify specific ways of continuing professional education through participation in professional organizations.

professional education through practical Identify specific ways of continuing experience.

OUTCOME COMPETENCY

LEARNER ACTIVITIES

EMERGENCY MEDICAL SCIENCE (T-139)

G-2 Continue profestional development (continued)

TASK NUMBER:

INSTRUCTIONAL CONTENT

Describe ways of continuing professional education through self-directed means.

Describe ways of continuing professional education through professional organizations. Describe ways of continuing professional education through clinical experience.

in hospital experience

manikin practice

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field drills

Practical experience

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job experience

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Professional Organizations

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national state

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seminars/workshops

self-study

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videotapes

journals

EVALUATIVE CRITERIA:

Display Professionalism SUBJECT AREA: G-3 Protect confidentiality TASK NUMBER:

standards in the protection Adhere to ethical and legal

of patient confidentiality.

Employ ethical and legal standards to protect COMPETENCY:

patient confidentiality.

EMS 151 EMS 153 EMS 258 COURSE NUMBERS:

OUTCOME COMPETENCY	Cite laws governing patient
LEAPNER ACTIVITIES	Describe the laws which govern the
INSTRUCTIONAL CONTENT	A. Legal Aspects

confidentiality of patient information.

Right to privacy laws Confidentiality laws Legal Aspects લં છ ď

215/216

Abuse reporting laws

abuse situations Ethical Considerations 1. Right to know ш

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additional caregivers medical director Þ. ပ

supervisor ö

parents of children Θ.

No right to know press a, S.

caregiver's family friends ف

coworkers ပ Þ.

general public

Describe situations where information transmitted from the paramedic to concerning a patient may not be another individual.

not be transmitted from the paramedic to which information about a patient may Identify without error situations in another individual.

which information about a patient may be

transmitted from the paramedic to

from the paramedic to another individual concerning a patient may be transmitted Describe situations where information

another individual.

Identify without error situations in

confidentiality for the local jurisdiction.

Professionalism	
Display Pr	
SUBJECT AREA:	

G-4 Respect others TASK NUMBER:

Demonstrate respect for others at all times through behavior and speech.

EVALUATIVE CRITERION:

Demonstrate repect for others through professional behavior and demeanor.

COMPETENCY:

EMS 258 ENG 271 COURSE NUMBERS:

INST	INSTRUCTIONAL CONTENT	LEARNER ACTIVITIES	OUTCOME COMPETENCY
A. D.	Demonstrations of Respect 1. Method of address	Describe how addressing individuals by name and title demonstrates respect for others.	Demonstrate respect for others by properly identifying them.
ci	2. Consistency of care	Describe how treating all patients equally demonstrates respect for others	Demonstrate respect for others by treating all individuals in the same manner.
က်	 Maintain patient confidentiality 	Describe how maintaining patient confidentiality demonstrates respect for others.	Demonstrate respect for others by maintaining patient confidentiality in all instances.
4	4. Manner of dress	Describe how the manner of dress of the EMS professional demonstrates respect for others.	Demonstrate respect for others by adhering to the dress code at all times while on duty.

360

(continued)
G-4 Respect others
TASK NUMBER:

INSTRUCTIONAL CONTENT	LEARNER ACTIVITIES	OUTCOME COMPETENCY
5. Manner of communication	Describe how one's manner of communication demonstrates respect for others.	Demonstrate respect for others by communicating with others at an appropriate level and in an appropriate manner.
6. Maintenance of skills and knowledge	Describe how maintenance of skills and knowledge demonstrates respect for others.	Demonstrate respect for others by maintaining ones skills and knowledge through continuing education.
7. Adhering to standards	Describe how adhering to standards demonstrates respect for others.	Demonstrate respect for others by adhering to practice standards at all times.

Display Professionalism SUBJECT AREA: G-5 Demonstrate ethical behavior TASK NUMBER:

standards at all times. Maintain professional

EVALUATIVE CRITERION:

> Adhere to professional standards. COMPETENCY:

EMS 258 EMS 273 COURSE NUMBERS:

LEARNER ACTIVITIES OUTCOME COMPETENCY
INSTRUCTIONAL CONTENT

EMS professionals contained in published Describe the standards of conduct for documents.

according to the standards established

for the profession.

Perform as an EMS professional

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Standards of Conduct

1. Oath of Geneva The EMT Oath

ethical behavior

The EMT Code of Ethics

Dress according to standardized

EVALUATIVE CRITERIA:

uniform regulations.

Display Professionalism SUBJECT AREA:

G-6 Adhere to dress code TASK NUMBER: Adhere to the dress code for routine and specialized situations. COMPETENCY:

EMS 151 EMS 258 COUPSE NUMBERS:

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emergency.

ERIC CAPILITY PROVIDED TO SERVICE PROVIDE SERVICE PROVIDED TO SERVICE PROVIDED TO SERVICE PROVIDED TO SERV

(continued)	LEARNER ACTIVITIES
G-6 Adhere to dress code (continued)	NTENT
TASK NUMBER:	INSTRUCTIONAL CONTENT

INSTRUCTIONAL CONTENT	LEARNER ACTIVITIES	OUTCOME COMPETENCY
C. Protective Clothing 1. Use a. fire scene b. hazardous materials contact c. infectious disease d. accident scene	Describe the types of protective clothing available to EMS personnel to supplement the standard uniform in specialized situations.	Identify the types of protective clothing suitable as a supplement to the standard uniform for particular specialized emergency situations.

Identify how supplemental protective clothing may be misused in particular emergency situations.

specialized protective clothing used to supplement the standard uniform in specialized situations.

Describe the inappropriate use of

2. Misuse

a. not used at all b. not used properly

SUBJECT AREA: Display Professionalism

EVALUATIVE CRITERION:

G-7 Maintain personal hygiene

TASK NUMBER:

COMPETENCY:

CRITERION: Perform personal hygiene practices on a regular basis.

TALE CALL COO CALL COA CANT LOS CALL

Practice personal hygiene routinely.

COURSE NUMBERS: EMS 161 EMS 162 EMS 263 EMS 171 EMS 172 EMS 273

OUTCOME COMPETENCY

LEARNER ACTIVITIES

INSTRUCTIONAL CONTENT

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ď	A. Areas of Concern1. Handwashing	Describe the benefits of proper handwashing.	Demonstrate proper handwashing techniques.
	2. Body structures a. oral cavity b. skin c. hair d. nails	Discuss the necessity of maintaining the hygiene of the oral cavity, skin, hair, and nails.	Identify body areas requiring the use of personal hygiene practices.
	3. Scents a. deodorants	Discuss the benefits and potential patient side effects of the use of scented	Identify benefits and hazards to the use of scented products in the maintenance of

Demonstrate personal hygiene habits personal hygiene. routinely. products in the maintenance of personal Describe the necessity for maintaining side effects of the use of scented personal hygiene. hygiene.

Rational for Personal Hygiene

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perfumes

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1. Patient/family

a. safety

confidence

ن ض

comfort

TASK NUMBER:

G-7 Maintain personal hygiene (continued)

LEARNER ACTIVITIES INSTRUCTIONAL CONTENT

OUTCOME COMPETENCY

Caregivera. safety

3. Co-workers a. safety b. comfort

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Provide the public with relevant

EVALUATIVE CRITERION:

information through education.

Display Professionalism SUBJECT AREA: G-8 Provide public education

TASK NUMBER:

COMPETENCY:

Utilize educational methods to provide

information to the public.

EMS 259

COURSE NUMBERS:

INSTRUCTIONAL CONTENT

LEARNER ACTIVITIES

OUTCOME COMPETENCY

Design a public education program.

Basic life support Types of Education

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paramedics can provide for the general public.

Describe the types of education which

Safety

Emergency access

Preventive measures Healthful practices

Methods

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School presentations

Meetings Displays

Workshops

Classes

Present a public education program.

Describe educational methods which

information to the general public. paramedics can use to provide

5.7.5 1.1.5.4

Operate Emergency Vehicle SUBJECT AREA:

H-1 Inventory vehicle equipment and supplies TASK NUMBER:

Perform an inventory of an emergency vehicle. to ensure availability of equipment and supplies.

COMPETENCY:

emergency vehicle and record the results accurately. inventory the contents of an

EVALUATIVE CRITERIA:

EMS 256 EMS 171 EMS 172 EMS 273 COUPSE NUMBERS:

	INSTRUCTIONAL CONTENT	LEARNER ACTIVITIES	OUTCOME COMPETENCY
ĕ	 A. Item-by Item Check 1. Supplies	Demonstrate methods for completing an inventory of supplies and equipment maintained on an emergency vehicle.	Inventory the supplies and equipment on an emergency vehicle accurately.
ങ്	Item-by-Item Operation 1. Medical equipment a. clean	Demonstrate methods for ensuring the functioning of equipment maintained on an emergency vehicle.	Assess the operational status of equipment on an emergency vehicle accurately.

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b. operationalSafoty equipmenta. clean

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operational

ب ت ع

Rescue equipment b. operational

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clean

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EMERGENCY MEDICAL SCIENCE (T-139)

H-1 Inventory vehicle equipment and supplies (continued)

TASK NUMBER:

OUTCOME COMPETENCY
LEARNER ACTIVITIES
INSTRUCTIONAL CONTENT

ن	C. Item-by-Item Location		Demonstrate methods for securing
	1. assigned	. assigned compartment or ec	equipment and supplies in an emergen
	location	PA Ne	vehicle and ensuring rapid access to
	2. secured	=	them.

ipment and supplies in an emergency

supplies maintained on an emergency accurate reporting of equipment and Demonstrate methods for ensuring

emergency equipment in their proper locations in an emergency vehicle. Locate and secure supplies and

Report the inventory of the supplies and equipment on an emergency vehicle accurately.



Record Keeping
1. Checklist
2. Dally inventory

Ö

Operate Emergency Vehicle SUBJECT AREA:

EVALUATIVE

H-2 Apply occupant restraints TASK NUMBER:

Secure occupants of emergency

Utilize techniques to secure occupants in emergency COMPETENCY:

vehicles with the use of occupant restraints.

vehicles prior to vehicle movement. CRITERION:

> EMS 256 EMS 171 EMS 172 EMS 273 COURSE NUMBERS:

OUTCOME COMPETENCY

LEARNER ACTIVITIES

INSTRUCTIONAL CONTENT

for driver at all times 1. Lab and shoulder belts Types and Times

Demonstrate the application of seat belt restraints to occupants of the cab of an emergency vehicle.

appropriately when riding as the driver or attendant in the cab of an emergency Employ occupant restraints vehicle.

> for passenger at all times <u>ن</u>

appropriately with passengers in the cab Employ occupant restraints of an emergency vehicle.

> compartment at all times occupants in patient for care givers as for non-stretcher 2. Lap belts æ. ف

possible

Demonstrate the application of seat belt compartment of an emergency vehicle. restraints to occupants of the patient

appropriately to non-stretcher occupants Employ occupant restraints of the patient compartment.

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EMERGENCY MEDICAL SCIENCE (T-139)

t restraints
occupant
H-2 Apply
TASK NUMBER:

(continued)

INSTRUCTIONAL CONTENT	LEARNER ACTIVITIES	OUTCOME COMPETENCY
3. Stretcher locking devices	Demonstrate securing the stretcher in the ambulance.	Secure the stretcher appropriately in an ambulance.
 Stretcher straps for patient at all times when transported on stretcher 	Demonstrate techniques for securing a patient on the stretcher.	Secure the patient appropriately on a stretcher.

SUBJECT AREA: Operate Emergancy Vehicle

EVALUATIVE Select an appropriate route

CRITERION: Select an appropriate routed to the emergency scene.

COMPETENCY: Utilize techniques to select a route to the

H-3 Choose route

TASK NUMBER:

scene of an emergency.

COURSE NUMBERS: EMS 256

OUTCOME COMPETENCY LEARNER ACTIVITIES INSTRUCTIONAL CONTENT

Demonstrate techniques for familiarizing oneself with an emergency response

агөа.

Demonstrate familiarity with an emergency response area.

.. Learning landmarks 1. Preplanned routes 1. Touring

Plan routes to various locations in a response area.

Plan an appropriate route to various locations of possible emergencies within a given response area.

uncontrolled intersections Opticom intersections

temporary barriers

time of day

ъ.

Selecting a Route 1. Considerations

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railroad crossings

stops and turns

vehicle height

Learning street names

Preplanning

TASK NUMBER:

H-3 Choose route (continued)

INSTRUCTIONAL CONTENT

LEARNER ACTIVITIES

OUTCOME COMPETENCY

devices to plan routes to given locations in a particular response area. Use the local directional materials or

directional materials and devices used in Become familiar with various forms of

planning a route to an emergency.

dispatch directions тар ပ

on board computerized

ы О

Mapping route a. on board map book

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Operate Emergency Vehicle SUBJECT AREA:

H-4 Drive vehicle TASK NUMBER: Employ principles of safe driving in the

COMPETENCY:

with laws governing its operation. vehicle safely and in accordance

Drive an emergency medical

EVALUATIVE CRITERION:

operation of an emergency medical vehicle.

EMS 256 COURSE NUMBERS: OUTCOME COMPETENCY **LEARNER ACTIVITIES** INSTRUCTIONAL CONTENT

Administration KKK-A-1822 Ambulance Specifications 1. General Services Ä

Federal Specifications for

Ambulances

according to federal type standards and Describe emergency medical vehicles state category.

according to federal type standards and Identify emergency medical vehicles state category.

> T10: 03D .0900 Vehicles NC Administrative Code સં

Type III

Type II Type 1

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Category II Category I

Category III ن ف

1. Daily inspection Vehicle Inspection œ.

1) body integrity walk around

2) tires 3) leakage

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Utilize local protocol to practice daily vehicle inspection.

Perform a daily vehicle inspection according to local protocol.



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EMERGENCY MEDICAL SCIENCE (T-139)

H-4 Drive vehicle (continued) TASK NUMBER:

OUTCOME COMPETENCY

INSTRUCTIONAL CONTENT

LEARNER ACTIVITIES

1) fluid levels under the hood خ

2) battery

3) hoses and belts

driver compartment seat ပ

head rest 5

mirrors 3

systems check seat belts 4

1) lights ö

gauges 5

brakes 3

windshield wipers 4

radio

warning devices 6)

heater and air conditioner Scheduled maintenance inspections તં

State inspection

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schedule for an emergency vehicle. Describe a preventive maintenance

Describe state vehicle inspection requirements.

Present emergency vehicle for scheduled preventative maintenance according to a planned schedule. Locate state vehicle inspection permit on emergency vehicle.



Drive an emergency medical vehicle in accordance with the laws governing the driving of emergency vehicles.

Describe the laws which pertain to driving emergency medical vehicles.

civilian traffic laws

Emergency Vehicle Driving

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1. Legal aspects

INSTRUCTIONAL CONTENT

emergency vehicle

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exceptions due regard negligence

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liability

OUTCOME COMPETENCY

LEARNER ACTIVITIES

EMERGENCY MEDICAL SCIENCE (T-139)

(continued)

H-4 Drive vehicle

TASK NUMBER:

Demonstrate safe and proper driving of an emergency medical vehicle.under normal driving conditions.

vehicle under normal driving conditions.

Practice driving an emergency medical

Practice driving an emergency medical vehicle under emergency driving conditions.

Fundamentals of emergency

. რ a. lights and sirens

driving

avoidance maneuvers

adverse weather

night driving

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Demonstrate safe and proper handling of an emergency medical vehicle under emergency driving conditions.

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Fundamentals of driving

s.

acceleration

rë

braking

Ö.

backing

turning

ø.

passing

SUBJECT AREA: Operate Emergency Vehicle
TASK NUMBER: H-5 Position vehicle

Employ principles of safe operation of an emergency

COMPETENCY:

medical vehicle to position the vehicle.

Position an emergency vehicle safely and in accordance with laws governing its operation.

EVALUATIVE CRITERION:

COURSE NUMBERS: EMS 256

INSTRUCTIONAL CONTENT

Practice parking an emergency medical vehicle under routine conditions. Routine Parking Procedures Diagonal parking

Properly position an emergency medical vehicle in a variety of routine parking situations.

OUTCOME COMPETENCY

Practice parking an emergency medical Prop vehicle under emergency conditions.

Properly position an emergency medical vehicle in a variety of emergency settings.

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hazardous conditions

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2) materials

1) fire

traffic as hazard to

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vehicle

vehicle as hazard to

traffic

occupant safety

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1. Safety considerations

Parking at the Scene

Вi

a. vehicle safety

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Perpendicular parking

Parallel parking

Slopes

TASK NUMBER:

INSTRUCTIONAL CONTENT

H-5 Position vehicle (continued)

LEARNER ACTIVITIES

OUTCOME COMPETENCY

Access considerations Q

patient access patient loading

egress from scene

Warning Devices

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1. Lights 2. Flares 3. Triangles

Demonstrate the use of warning devices at the scene of an emergency.

Use appropriate warning devices at the scene of an emergency.

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SUBJECT AREA: Document Actions

TASK NUMBER: I-1 Complete ambulance call report

EVALUATIVE
CRITERION: Document a patient contact by completing an ambulance call report.according to standard.

COMPETENCY: Utilize documentation techniques to complete an ambulance city report.

COURSE NUMBERS: EMS 152 EMS 256 EMS 273

OUTCOME COMPETENCY LEARNER ACTIVITIES INSTRUCTIONAL CONTENT

Describe available EMS documentation

Identify the EMS documentation form

used locally.

forms.

Practice completing ambulance call reports to include all relevant

information.

Complete ambulance call reports accurately and thoroughly for various patient presentations.

Common Contents

1. Patient presentation

2. Changes in patient condition

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Care rendered a. medications

intravenous fluids techniques utilized Documentation of care a. EKG strip

a. EKG strip Refusal of care and

S.

transport

6. Relevant patient

information . Times

i. Caregivers

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EMS system

Standard Forms

1. State

1-1 Complete ambulance call report (continued) TASK NUMBER:

OUTCOME COMPETENCY
LEARNER ACTIVITIES
INSTRUCTIONAL CONTENT

Location of patient 6

a. emergency or transport

b. receiving facility

Legal Requirements of Call Reports

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Legible
 Signed

Practice writing call reports which meet legal standards.

Describe the uses of call reports.

Prepare legible call reports which contain required signatures.

Identify the uses for the ambulance call report.

Uses of Call Reports Ö

Audit and review

Quality control Data collection

Billing

As medical record

As legal record

Document Actions SUBJECT AREA:

EVALUATIVE CRITERION:

Document an incident or accident

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1-2 Complete incident/accident reports TASK NUMBER: Utilize documentation techniques to complete

COMPETENCY:

incident/accident reports.

by completing the appropriate form.

EMS 256 EMS 273 COURSE NUMBERS: LEAPINER ACTIVITIES INSTRUCTIONAL CONTENT

Describe the types of forms available for reporting incidents or accidents.

documenting an incident or accident. Identify the forms used locally for

OUTCOME COMPETENCY

Describe the information most often contained in incident and accident reports.

Identify the information required on the forms used locally for documenting an incident or accident.

nformation

Documentation of actions Relevant supporting

Incident/accident

Times

Personnel involved

G()5

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EMS system forms

state forms

Standard Forms

hospital forms

Common Contents

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Location

(continued) 1-2 Complete incident/accident reports

TASK NUMBER:

Prepare an incident report for a simulated situation. OUTCOME COMPETENCY Describe the requirements necessary for accurate data collection by emergency LEARNER ACTIVITIES INSTRUCTIONAL CONTENT Requirements of Report Timely ပ

Prepare an accident report for a simulated situation. medical services regarding an incident or

accident.

Identifiable

Legible

Accurate Complete

Filed

Identify the uses made of incident or accident reports. Describe the use of incident and accident reports by emergency medical services.

Medical intervention

Insurance claims

Other

Legal actions

1. Audit and review

Uses of Reports

ä

242

Quality control

SUBJECT AREA: Document Actions

TASK NUMBER: I-3 Complete daily/activity log

standards set by locals EMS agency.

Document activities according to

EVALUATIVE CRITERION:

COMPETENCY: Utilize documentation techniques to complete

a log of activities.

COURSE NUMBERS: EMS 256

OUTCOME COMPETENCY	Identify the type of documentation used
LEARNER ACTIVITIES	Describe methods for recording work
INSTRUCTIONAL CONTENT	A. Types of Reports

activity available to emergency medical

service agencies.

locally to record daily work activity.

Identify the requirements for an accurate record of activity.

Describe the requirements necessary for the maintenance of an accurate work log.

A. Types of Reports
1. daily activity log

patient contact log ambulance run log

243/244

Requirements of Log Reporting 1. Timely

m

. Legible

Identifiable

. Complete

. Accurate

Uses of Reports
1. Assignment of units and personnel

.. Quality control

Legal actions
 Other

Describe the use of activity logs by emergency medical service agencies.

Identify the uses made of activity logs by emergency medical service agencies.

202

EVALUATIVE CRITERION:

SUBJECT AREA: Document Actions

TASK NUMBER: I-4 Complete supplemental forms

Provide additional documentation on a patient contact by completing

supplemental forms according to

standard.

Utilize documentation techniques to complete supplemental EMS forms

COMPETENCY:

COURSE NUMBERS: EMS 256 EMS 273

OUTCOME COMPETENCY LEARNER ACTIVITIES INSTRUCTIONAL CONTENT

Types of Forms
1. Billing

Research data collection System data collection

245/246

ë

Quality control Other local forms

Requirements

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Timely Legible

Inventory

dentifiable

Complete Accurate

Describe the types and functions of supplemental forms used by emergency medical service systems.

Identify the types of supplemental forms

used for data collection by emergency

medical service systems.

Describe the requirements necessary for Pre accurate supplemental data collection by inference emergency medical service systems.

Prepare specific supplemental forms for information gathered during particular patient contacts.

4€00

Document Actions SUBJECT AREA:

1-5 Reco,d acceptance, transfer, and use of controlled drugs

TASK NUMBER:

controlled drugs according to protocol.

Document all actions involving

EVALUATIVE CRITERION:

Document the use of controlled substances COMPETENCY:

according to state and federal law.

EMS 154 EMS 254 EMS 256 EMS 263 EMS 273 COURSE NUMBERS:

	INSTRUCTIONAL CONTENT	LEARNER ACTIVITIES	OUTCOME COMPETENCY
i i	 A. Drug Legislation 1. Harrison Narcotic Act of 1914 2. Comprehensive Drug Abuse Prevention and Control Act (1970) 	Describe federal legislation regulating controlled drugs.	Identify the federal legislation regulating controlled drugs.
മ്	Schedule of Controlled Drugs 1. Schedule II 2. Schedule II 3. Schedule III 4. Schedule IV 5. Schedule V	Describe the categorization of controlled drugs.	Define the categories of controlled drugs.

247

requirements for prescribers of

controlled drugs.

Identify federal registration

Describe federal registration procedures for prescribers of controlled drugs.

1. Federal registration - Drug Prescription Procedures

ပ

Enforcement Agency

the administration of a controlled drug. Identify individuals approved to order Identify procedures required of

OUTCOME COMPETENCY

(continued)

1-5 Record acceptance, transfer, and use of controlled drugs

TASK NUMBER:

EMERGENCY MEDICAL SCIENCE (T-139)

INSTRUCTIONAL CONTENT

LEARNER ACTIVITIES

State control - NC Board of Medical Examiners

ς.

registering prescribers of controlled Describe state procedures for drugs. paramedics by local protocol for documenting controlled drugs.

permitted to carry and dispense on order

which may be required of paramedics

Describe documentation procedures

substances on the schedule of controlled

drugs.

Paramedic Documentation Procedures 1. Local protocol Ö,

witnessed e ë

written documentation

signature/s ن ب

acceptance

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Procedures

તં

transfer

disposal nse

o ti

Document the acceptance, transfer, use,

and disposal of a controlled substance

according to local protocol.

Describe controlled drug procedures for which documentation may be required of paramedics. 412

EVALUATIVE CRITERION: Strive for Physical and Psychological Well-Being S: JECT AREA:

Perform lifting and moving tasks safely and efficiently.

TASK NUMBER: J-1 Apply principles of body mechanics to lifting

and moving patients and equipment

COMPETENCY: Utilize safe and efficient techniques to lift and

move patients and equipment.

COURSE NUMBERS: EMS 151 EMS 255 EMS 171 EMS 272 EMS 273

INSTRUCTIONAL CONTENT	LEARNER ACTIVITIES	OUTCOME COMPETENCY
 A. Techniques of Lifting 1. Plan ahead 2. Maintain balance throughout 3. Lift with legs 4. Lift on exhale 	Describe the techniques for safely lifting a patient or equipment.	Demonstrate safe and efficient lifting body positions and movements.
B. Emergency Patient Moves 1. Indications a. scene is hazardous b. care requires it c. access to other patients	Describe situations where an emergency move is indicated.	Identify the patients requiring emergency moves from a variety of presentations.

413

Perform a one person emergency assist, carry and drag employing the techniques of efficient lifting.

Practice various types of emergency patient moves individually and with others employing lifting techniques.

Types a. one person assist, carry,

2

and drag

J-1 Apply principles of body mechanics to lifting and moving patients and equipment TASK NUMBER:

(continued)

INSTRUCTIONAL CONTENT

LEARNER ACTIVITIES

OUTCOME COMPETENCY

two person assist and carry فد

perform a two person emergency assist and carry employing the techniques of Work cooperatively with a partner to efficient lifting.

perform a three person emergency carry Work cooperatively with two others to employing the techniques of efficient

three person carry ပ

Describe the steps in carrying out a non-

Identify the appropriate sequence for carrying out a non-emergency move employing a patient carrying device.

Non-emergency Patient Moves 1. Technique ပ

select carrying device

package patient

Ď.

move patient

emergency patient move.

Move a patient in a variety of settings employing the proper techniques of lifting and moving. using an ambulance stretcher and Practice l'ding and moving the patient

using the ambulance stretcher.

Patient carrying devices ςi

a. ambulance stretcher

tients and equipment (continued)	OUTCOME COMPETENCY	atient Move a patient in a variety of settings using a long spine board and employing the proper techniques of lifting and moving.	atient Move a patient in a variety of settings using a scoop stretcher and employing the proper techniques of lifting and moving.	atient Move a patient in a variety of settings using a stair chair and employing the proper techniques of lifting and moving.
of body mechanics to lifting and moving patients and equipment	LEARNER ACTIVITIES	Practice lifting and moving the patient using a long spine board.	Practice lifting and moving the patient using a scoop stretcher.	Practice lifting and moving the patient using a stair chair.
TASK NUMBER: J-1 Apply principles	INSTRUCTIONAL CONTENT	b. long spine board	c. scoop stretcher	d. stair chair

251/252

Strive for Physical and Psychological Well-Being J-2 Recognize stress and institute interventions SUBJECT AREA: TASK NUMBER:

EVALUATIVE CRITERION:

Maintain mental health by recognizing stress and practicing techniques

which reduce stress.

Recognize signs of stress and utilize techniques of stress management to relieve stress. EMS 151 EMS 156 PSY 160 EMS 171 EMS 172 EMS 173

COURSE NUMBERS:

COMPETENCY:

OUTCOME COMPETENCY

INSTRUCTIONAL CONTENT

Describe the signs and symptoms of stress

LEARNER ACTIVITIES

Identify situations where inattention to detail indicates possible stress.

Si

personal hygiene

home

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Deteriorating relationships

friends family ਲਂ ف

superiors partner ن ن

Physical manifestations eating patterns તું .

Inappropriate fatigue frequent illness ن ف

inappropriate use of Ö

erratic sleep patterns alcohol and/or drugs ø.

manifestations of stress are present. Identify situations where physical

Identify situations where deteriorating relationships indicates possible stress,

Carelessness

Signs of Stress

Ä

(continued) J-2 Recognize stress and institute interventions

TASK NUMBER:

INSTRUCTIONAL CONTENT

Describe methods of exercise which can Stress Intervention Techniques

EARNER ACTIVITIES

be used to prevent and relieve stress.

Plan and execute a personal physical litness program.

OUTCOME COMPETENCY

Describe relaxation techniques which can be used to prevent and relieve stress.

Relaxation techniques

તં

meditation

ei T

regular basis

planned

ei D

Exercise

æ

Employ a relaxation technique on a regular basis.

> Describe ways of leaving the job at the job which can be used to prevent and relieve stress.

turn off scanner Leave job at the job

avoid overtime

e o

е Э

Counselling

friend

Describe individuals whom one can ask for help to relieve stress.

Identify individuals whom one can ask for help to relieve stress.

Identify methods of reducing stress

resulting from the job.

Describe personal habits which one can cultivate which can be used to prevent and relieve stress.

religious professional

health professional

ن ج به

avoid alcohol and/or

તું

Personal habits

Ŋ.

rest and sleep

proper diet

ن ف

Initiate healthy life style practice.

422

deep breathing

day dream Imagery

EVALUATIVE

Coordinate Mass Casualty Incident SUBJECT AREA:

Report a mass casualty situation CRITERION: K-1 Notify communication center TASK NUMBER:

accurately to the emergency

communications center.

EMS 156 EMS 256 COURSE NUMBERS:

emergency communication center of a mass casualty.

Utilize communication procedures to notify the

COMPETENCY:

OUTCOME COMPETENCY LEARNER ACTIVITIES INSTRUCTIONAL CONTENT

Notification by General Public I. Systems 911 رن به Ċ

non-911

systems available for use by the general Describe the emergency notification public.

emergency communications center of a Instruct a member of the public in the proper procedure for notifying the mass casualty situation.

> Notification by First-on Scene **Emergency Unit** œ

1. Radio procedures

a. location of incident

Details

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nature of incident

Employ appropriate radio communication procedures to inform the emergency communication center of a mass casualty. Describe the notification responsibilities of the first arriving emergency unit at the scene of a mass casualty.

> a. location of incident nature of incident

Details

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estimate of casualties ن <u>ن</u>

(continued)

n center
communication
Notify
,
TASK NUMBER:

OUTCOME COMPETENCY	
LEARNER ACTIVITIES	
INSTRUCTIONAL CONTENT	

C. Communication Center Responsibilities
 1. Activate disaster plan
 2. Notify emergency service agencies

Dispatch emergency units

ю .

Describe the responsibilities of the emergency communication center upon notification of a mass casualty.

Respond appropriately to orders issued from the emergency communications center.

4. Notify hospitals

SUBJECT AREA: Coordinate Mass Casualty Incident

TASK NUMBER: K-2 Establish command center

Utilize incident command procedures to

COMPETENCY:

establish a command center.

center at the scene of a mass casualty.

Establish a functioning command

EVALUATIVE CRITERION:

COURSE NUMBERS: EMS 156 EMS 256

LEARNER ACTIVITIES INSTRUCTIONAL CONTENT

1. Initial incident commander

Establishment of Command

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a. sozior member of firet arriving unit

b. communication center notified

2. Change in command

a. according to disaster planb. upon arrival of higher ranking personnel

Command Center

Ø

1. Location

a. determined by incident commander

b. dependent on nature and magnitude of incident

OUTCOME COMPETENCY

Describe the establishment of command at the scene of a mass casualty utilizing incident command procedures.

Identify the initial incident commander of

a simulated mass casualty situation.

Describe the change in command at the scene of a mass casualty utilizing incident command procedures.

Identify a new incident commander based

on a plan for management of a mass

casualty incident.

Describe the critical factors in determining the establishment of a command center at the scene of a mass casualty.

Locate and staff command center appropriatly at a simulated mass casualty incident.

4500

K-2 Establish command center (continued)

TASK NUMBER:

OUTCOME COMPETENCY

LEARNER ACTIVITIES

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INSTRUCTIONAL CONTENT

dependent on nature and magnitude of incident Size

according to preplanning نو

Number of personnel ლ

dependent on nature and magnitude of incident

according to preplanning ف Command Center Requirements 1. effective communication ပ

safety

identifiable ლ

record keeping facilities 4. rv

Information gathering equipment

functioning command center at the scene of a mass casualty. Describe the requirements of a

Set up a functional command center at a simulated mass casualty incident.

Establish an effective communications system among agencies involved in a

EVALUATIVE CRITERION:

mass casualty.

SUBJECT AREA: Coordinate Mass Casualty Incident

TASK NUMBER: K-3 Establish interagency communications

Utilize incident command procedures to

COMPETENCY:

establish interagency communications.

COURSE NUMBERS: EMS 156 EMS 256

OUTCOME COMPETENCY **EARNER ACTIVITIES** INSTRUCTIONAL CONTENT

Describe the responsibilities for establishment of communications during

a mass casualty

Designate the individual/s responsible for communications at the scane of a simulated mass casualty.

2. Radio communications

communications officer at

ပ

of command

command center

intraagency follows chain

نم

interagency rests with

Communications
1. Responsibility

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Incident commander

a. with command center

b. with communications

involved in a mass casualty.

Describe means of identifying personnel

communication with various units

Describe the procedure for

Demonstrate two means of identifying personnel during a mass casualty situation.

Communicate according to procedure during a simulated mass casualty

incident.

Identification of personnel a. verbal b. visual

. ღ involved in a mass casualty which will aid in communication among agencies.

430

K-3 Establish Interagency communications (continued)

TASK NUMBER:

OUTCOME COMPETENCY Describe communication procedures to be used during a mass casualty. LEARNER ACTIVITIES Communication Procedures INSTRUCTIONAL CONTENT 1. Mass casualty plan œ

Communicate according to procedure and regulation during a simulated mass casualty incident.

434



2. FCC regulations



EVALUATIVE CRITERION: Coordinate Mass Casualty Incident SUBJECT AREA:

Triage the victims of a mass casualty incident accurately.

> K-4 Perform patient triage TASK NUMBER:

Utilize triage procedures to determine treatment priorities of the victims of a mass casualty.

COMPETENCY:

EMS 156 EMS 255 EMS 256 COURSE NUMBERS:

=	INSTRUCTIONAL CONTENT	LEARNER ACTIVITIES	OUTCOME COMPETENCY
· ×	A. Concept of Triage 1. Definition	Describe the concept of triage and the use of triage in a mass casualty incident.	Recognize the emergency situation which requires the use of triage.
	2. Ethical basis		
	3. Advantages		
œ	START Method of Triage 1. Walking wounded a. immediately cleared from	Practice triaging patients according to the START method.	Triage the victims of a simulated mass casualty incident accurately according to the START method.

261

438

neurological status

ventilation
 perfusion
 neurological

60 second assessment

ю Ю

Downed victims

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located together assessed later treated later

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scene

OUTCOME COMPETENCY
LEARNER ACTIVITIES
INSTRUCTIONAL CONTENT

- categories 1) dead/non-salvagable 2) critical/immediate 3) delayed <u>م</u>
- c. corrective actions
 1) clear airway
 2) stop hemorrhage
 d. tags
- Other Triage Methods
 1. METTAG

Describe other triage methods.

Recognize other methods appropriate to triaging patients.

- 2. Military
- 3. Others

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SUBJECT AREA: Coordinate Mass Casualty Incident

TASK NUMBER: K-5 Establish treatment area

EVALUATIVE
CRITERION: Establish a safe area for the effective treatment of the victims of a mass casualty.

COURSE NUMBERS: EMS 156 EMS 255 EMS 256

Utilize incident command procedures to establish a treatment area at the scene of a mass casualty.

COMPETENCY:

OUTCOME COMPETENCY	
LEARNER ACTIVITIES	
INSTRUCTIONAL CONTENT	

Describe the basis for establishing a treatment area at the scene of a mass casualty.

treatment area at the scene of a mass casualty.

Establish an appropriate treatment area with adequate staff and supplies at the scene of a simulated mass casualty.

Describe the responsibilities of the individual who has jurisdiction for

Provide the rationale for a central

treatment at the scene of a mass casualty. Determines personnel requirements જં

Determines supply requirements

> . ლ

4. Requests requirements of command

450

1. Central area

Rationale

Marshalling of resources

ر ا for maximum care

Treatment Sector Officer

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1. Selects location

445

EMERGENCY MEDICAL SCIENCE (T-139)

	I FARNER ACTIVITIES
	MINISTERIAL CONTENT

K-5 Establish treatment area (continued)

TASK NUMBER:

OUTCOME COMPETENCY	
LEARNER ACTIVITIES	
INSTRUCTIONAL CONTENT	

needs of a treatment area at the scene of Supply the personnel and equipment a simulated mass casualty. Describe the responsibilities of the the individual who has jurisdiction for supplying the treatment area at the scene of a mass casualty.

personnel to treatment area

Sends supplies and

κi

Staging Sector Officer

1. Receives request from command

ပ

EVALUATIVE CRITERION: Coordinate Mass Casualty Incident K-6 Establish staging area SUBJECT AREA: TASK NUMBER:

Utilize incident command procedures to establish a staging area at the scene of a mass casualty.

COMPETENCY:

EMS 156 EMS 256

COURSE NUMBERS:

Establish a safe area which allows effective dissemination of supplies and equipment at a mass casualty incident.

OUTCOME COMPETENCY Describe the functions of the staging **LEARNER ACTIVITIES** INSTRUCTIONAL CONTENT Staging Sector

sector at the scene of a mass casualty.

Define the functions of the staging sector in the context of incident command procedures used during a mass casualty incident.

a. personnel b. equipment c. supplies d. vehicles Describe the responsibilities of the staging sector officer operating under incident command procedures at the scene of a mass casualty.

to other sectors as needed

Staging Sector Officer

œ

1. Selects location

to transportation sector to extrication sector

to treatment sector

તાં

Distribution point

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Supply the personnel, equipment, and vehicle needs of various sectors at the scene of a simulated mass casualty.

3. Makes assignments

Receives requests from incident commander

જં

Collection area

(continued)	
K-6 Establish staging area	
ASK NUMBER:	

OUTCOME COMPETENCY	
LEARNER ACTIVITIES	
INSTRUCTIONAL CONTENT	

Set up a functional staging area at the scene of a simulated mass casualty.

effective staging area at the scene of a mass casualty.

Describe the requirements of an

Accessibility	dentifiable
¥	Ď
6	წ

Staging Sector Requirements 1. Safety

ပ

4. Record keeping facilities

5. Effective communication

Coordinate Mass Casualty Incident SUBJECT AREA:

K-7 Request equipment and personnel

TASK NUMBER:

equipment and personnel according

Determine need for and request

EVALUATIVE CRITERION: to incident command procedure.

Utilize incident command procedures to request **COMPETENCY:**

equipment and personnel as needed.

EMS 156 EMS 256 COURSE NUMBERS: LEARNER ACTIVITIES INSTRUCTIONAL CONTENT

Incident Command Procedure Ä

incident commander Chain of command

sector officers ن خونه

267/268

procedure.

sector personnel

Requests for equipment and supplies તં

a. sector officer to command

exceptions فر

1) local protocol 3

transportation officer to staging officer

OUTCOME COMPETENCY

Follow chain of command procedures while functioning at the scene of a simulated mass casualty.

Describe the chain of command as prescribed by incident command Wake appropriate requests for equipment and supplies according to protocol while functioning as sector officer at a simulated mass casualty.

equipment and personnel as prescribed by incident command procedures.

Describe the protocol for requesting

(C) (T) (T)

EVALUATIVE CRITERION: Coordinate Mass Casualty Incident K-8 Coordinate patient transport SUBJECT AREA: TASK NUMBER:

Utilize incident command procedures to coordinate patient transport to emergency care facilities.

COMPETENCY:

Coordinate an orderly transfer from the scene to appropriate of victims of a mass casualty treatment facilities.

> EMS 156 EMS 256 COUPSE NUMBERS:

OUTCOME COMPETENCY **LEARNER ACTIVITIES** INSTRUCTIONAL CONTENT

Transportation Sector

a. near treatment sector b. easy earess

1. Location

269

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Transportation vehicles

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ambulances helicopters private

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Describe the requirements of a

transportation sector.

Locate a functional transportation sector

at the scene of a simulated mass

casualty

Describe the types of vehicles used to transport patients from the scene of a mass casualty

the scene of a simulated mass casualty.

Assess transportation vehicle needs at

transportation of victims of a mass Describe the responsibilities of the

> 1. Determines transportation Transportation Sector Officer

needs

individual who has jurisdiction over the casualty to treatment facilities.

care facilities to the victims of a mass

Provide transportation to appropriate

casualty.

450

allocation to hospitals Coordinates patient

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Notifies hospitals

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TASK NUMBER: K-8 C

K-8 Coordinate patient transport (continued)

INSTRUCTIONA! CONTENT

LEARNER ACTIVITIES

OUTCOME COMPETENCY

- 4. Coordinates activities with treatment sector officer
- 5. Requests vehicles directly from staging sector officer
- 6. Arranges transportation

Coordinate Mass Casualty Incident SUBJECT AREA:

K-9 Coordinate perimeter security and scene

Ensure safety of individuals at the scene of a mass casualty.

safety

TASK NUMBER:

access and ensure safety at the mass casualty scene.

Utilize incident command procedures to control

COMPETENCY:

CRITERION:

EVALUATIVE

EMS 156 COURSE NUMBERS: OUTCOME COMPETENCY **LEARNER ACTIVITIES** INSTRUCTIONAL CONTENT

Describe safety concerns at the scene of

a mass casualty.

Identify safety concerns in a simulated mass casualty incident.

> Describe security concerns at the scene of a mass casualty.

Identify security concerns in a simulated mass casualty incident.

> Preservation of evidence Medical and rescue equipment

1. Assess hazards of

situation

Safety Officer

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Victims' possessions

Victim privacy Security Concerns

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Bodies

utilized to assess safety hazards in a Describe procedures which can be mass casualty situation.

Function in the role of safety officer during a simulated mass casualty incident.

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Rescue personnel

Bystanders

Victims

Safety Concerns

(continued)
ne safety
y and scen
eter securit
nate perimete
K-9 Coordinale
7ASK NUMBER

INSTRUCTIONAL CONTENT	LEARNER ACTIVITIES	OUTCOME COMPETENCY
2. Monitor hazardous situations	Describe procedures which can be utilized to monitor hazardous situations during a mass casualty incident.	
3. Ensure personnel safety	Describe measures which can be employed to ensure the safety of personnel involved in a mass casualty incident.	

4. Control access to scene

Describe measures which can be employed to control access to the scene of a mass casualty.

SUBJECT AREA: Coordinate Mass Casualty Incident

EVALUATIVE CRITERION: Evalı

TERION: Evaluate critically a mass casualty incident.

COMPETENCY: Utilize techniques of evaluation to critique a

K-10 Critique incident

TASK NUMBER:

mass casualty incident.

COURSE NUMBERS: EMS 156 EMS 256 ENG 271

INSTRUCTIONAL CONTENT	LEARNER ACTIVITIES	OUTCOME COMPETENCY
A. Involvement	Describe the makeup of the critique	Identify appropriate personnel to
1 Incident commander	team.	participate in a critique of a mass

Describe techniques that can be utilized in a critique of a mass casualty

Perform an accurate and appropriate critique of the notification system employed in a mass casualty incident.

structure employed during a simulated Perform an accurate and appropriate critique of the incident command mass casualty incident. casualty incident. Describe techniques that can be utilized structure employed in a mass vasualty in a critique of the incident command incident.

communications center

personnei hospitals

Areas of Critique

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1. Notification

رز تري ن تريخ

command center section command

establishment

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Command

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transfer

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Reviewers in the case of

Section officers Section personnel

K-10 Critique incident (continued)

TASK NUMBER:

INSTRUCTIONAL CONTENT	LEARNER ACTIVITIES	OUTCOME COMPETENCY
3. Triage	Describe techniques that can be utilized in a critique of the system of triage employed in a mass casualty incident.	Perform an accurate and appropriate critique of the system of triage employed during a simulated mass casualty incident.
4. Treatment	Describe techniques that can be utilized in a critique of the treatment procedures and processes employed in a mass casualty incident.	Perform an accurate and appropriate critique of the treatment procedures and processes employed during a simulated mass casualty incident.
5. Staging	Describe techniques that can be utilized in a critique of the staging procedures employed in a mass casualty incident.	Perform an accurate and appropriate critique of the staging procedures employed during a simulated mass casualty incident.
6. Transportation	Describe techniques that can be utilized in a critique of the transportation system employed in a mass casualty incident.	Perform an accurate and appropriate critique of the transportation system employed during a simulated mass casualty incident.





critique of the communication system Perform an accurate and appropriate accurate and appropriate system employed during a simulated critique of the safety and security and procedures employed during a simulated mass casually incident. iulated mass casualty mass casualty incident.

EMERGENCY MEDICAL SCIENCE (T-139)

(continued)

K-10 Critique incident

TASK NUMBER:

INSTRUCTIONAL CONTENT	LEARNER ACTIVITIES	OUTCOME COMPETENCY
7. Resources a. equipment b. vehicles c. supplies d. personnel	Describe techniques that can be utilized in a critique resources available during a mass casualty incident.	Perform an accurate and appropriate critique of the resource availability during a simulated mass casualty incident.
8. Security and safety	Describe techniques that can be utilized in a critique of the safety and security	Perform an accurate and appropriate criticise of the safety and security

mass casualty incident.

command center section officers intersectional

hospitals

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Communications interagency

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CHAPTER IV



Chapter IV

THE EMERGENCY MEDICAL SCIENCE CURRICULUM

This chapter contains the curriculum standard and a curriculum model for that standard. Course descriptions and course outlines for courses in the curriculum model are also included.

Curriculum Standard

Curriculum standards establish a degree of consistency among programs in the community college system. For programs with identical titles and codes, the curriculum standard provides the curriculum description and the range of credit hour requirements in the major, related courses, general education, electives, and work experience. It lists job titles appropriate to the curriculum. It also specifies the minimum percentage of credits which must be awarded as class credits and indicates the appropriate award for completion of the curriculum. Programs at individual institutions must fall within the criteria established by the standard, but the standard is not meant to create identical programs at institutions throughout the community college system. Rather the standard is a guide which, while establishing consistency, allows for institutional flexibility.

The standard for Emergency Medical Science (T-139) begins on page 241





State Board of Community Colleges North Carolina Department of Community Colleges Raleigh, North Carolina

PROGRAM AREA

HEALTH OCCUPATIONS

CURRICULUM CODE & TITLE

Emergency Medical Science (T-139)

CURRICULUM DESCRIPTION

The Emergency Medical Science Curriculum is designed to prepare graduates to provide emergency care under medical command authority to acutely ill or injured patients. Students will acquire basic and advanced life support knowledge and skills through a combination of classroom instruction, practical laboratory sessions, and clinical experience in hospitals and with emergency medical service providers.

As students progress through the curriculum, they become eligible to take certifying examinations for the emergency medical technician (EMT), EMT-defibrillator (EMT-D), EMT-intermediate (EMT-I), EMT-advanced intermediate (EMT-AI), and EMT-paramedic (EMT-P) given by the North Carolina Office of Emergency Medical Services and the EMT, EMT-I, and EMT-P examinations of the National Registry of Emergency Medical Technicians.

Graduates may be employed by ambulance, rescue, or aeromedical services, in specialty areas of hospitals, and by industry, educational institutions, and governmental agencies.

Individuals seeking a career in emergency medical science benefit from a background in biology, chemistry, and mathematics. Strong written and verbal communication skills are additional assets which benefit students.

JOB OPP**O**RTUNITIES

Emergency Medical Technician

Emergency Medical Technician-Defibrillator

Emergency Medical Technician-Intermediate

Emergency Medical Technician-Advanced Intermediate

Emergency Medical Technician-Paramedic

Emergency Medical Services Trainer/Administrator



CURRICULUM STANDARDS

Subject Categories

MINIMUM/MAXIMUM RANGE OF QUARTER HOUR CREDITS

	Degree	Advanced Diploma	Diploma	Certificate
TECHNICAL/VOCATIONAL (MAJOR) Those courses that are absolutely essential for a person to learn in order to perform the job for which being prepared. (Courses designated as technical electives or specialty electives should be included in major.)	75-83			
RELATED Those courses which are essential as supporting enriching or foundation-building courses for a given curriculum or group of curriculums. These courses are usually taught by other departments and/or have course prefix different from the major course prefix.	21-32			
GENERAL EDUCATION Graduates from a technical curriculum should have at least 18 quarter hour credits in the areas of English, social science, and/or humanities (NCAC 2E.0203(b)6)(B).	18-30			
Graduates from a vocational curriculum should have at least six quarter hour credits in one or more areas of communications skills, applied sciences, and applied social studies. (NCAC 2E.0203(b)(8)(B).				
ELECTIVES These are free electives to the student. Required or identified electives should be placed in related, general education or major course area most appropriate to the course.	3-15			
WORK EXPERIENCE (2E.0104(4)Work experience involves the development of job skills by providing the student with an employment situation that is directly related to, and coordinated with, the educational program. Student activity in work experience is planned and coordinated by an institutional representative and the employer with control and supervision of the student on the job being the responsibility of the employer. (NCAC 2E.0104(b)(4)	0-12			
RANGE OF QUARTER HOUR CREDITS Quarter hour credits for each curriculum will be established at a minimum with a maximum being no more than 10 percent above the minimum, (NCAC 2E.0203(b)(3)&(4)	177			
MIN. MAX.	117 129			
MINIMUM PERCENTAGE OF QHC AWARDED AS CLASS QH CREDITS Total quarter hour credits equated to classroom or lecture divided by total quarter hour credits required to complete the curriculum. (NCAC 2E.0203(b)(10)(C)	65			
APPROVED FOR AWARDING 96 quarter hour credits minimum required for AAS (NCAC 2E.0203(b)(3)	AAS			
64 quarter hour credits minimum required for Diploma (NCAC 2E.0203(b)X4) 16 quarter hour credits minimum required for Certificate Curriculum (NCAC 2E.0203(b)X5)	280			



Curriculum Model

A curriculum model is a suggested listing and sequencing of courses which meet the criteria established in the curriculum standard for a particular program title. The model presented here is for the awarding of the associate degree upon completion and was developed by the Advisory Board following approval of the curriculum standard. This model should serve as a guide in the implementation or revision of Emergency Medical Science programs.

The design of the curriculum took into consideration the possibility of a move by the Community College System, at some time in the future, from the quarter system to semesters. Should this occur, administrators and faculty of Emergency Medical Science programs will find that this curriculum model is readily convertible to the semester system.

This curriculum model is designed for the education of the EMT-paramedic and is seven quarters in length. However, as students pass through the curriculum they become eligible to take examinations at progressively higher levels of EMT certification beginning with the basic EMT examination at the completion of the first quarter.

Suggested course descriptions and course outlines are included for all courses in the curriculum model. These course descriptions also contain course hour requirements, prerequisites and corequisites, general course objectives, titles of suggested texts, and suggested evaluation criteria. They are presented as guides. The instructor using this manual should adapt this material to accommodate the needs of a particular locale or job market.



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Development of courses should incorporate the material from the task analysis/course correlation charts in Chapter III.



CURRICULUM MODEL



EMERGENCY MEDICAL SCIENCE (T-138) CURRICULUM MODEL

Suggested Curriculum by Subject Categories

	Technical (Major)	75-83 hours	Credits		
	151 Fundamentals of E 152 Basic EMT Skills 153 EMT-Intermediate 154 Basic Pharmacolo 155 Management of M 156 Rescue Scene Mar 157 Cardiology 254 Advanced Pharma 255 Management of Tr 256 Emergency Vehicl Communications, 257 Life Span Emerge 258 Law and Ethics 259 Seminar 161 Clinical Practicum 162 Clinical Practicum 263 Clinical Practicum	e Skills ogy edical Emergencies nagement cology rauma le Operations, & Record Keeping ncies	549556656 5653122		
_		 21-32 hours	75		
CAS	160 Anatomy and Phys 161 Anatomy and Phys 160 Introduction to M 260 Personnel Manage	siology I siology II licrocomputers ment and Finance	6 6 5 <u>5</u> 22		
500.4	General Education				
MAT ENG	160 Introduction to Ps170 College Algebra170 English Compositi271 Oral CommunicatiHumanities Election	on ons	5 5 5 5 5 2 5		
		3-15 hours	23		
	Elective		<u>5</u> 5		
	Work Experience		•		
* EM	S 171 Field Internship S 172 Field Internship S 273 Field Internship	11	0.5 0.5 1.0 2.0		
	Total Quarter Hour Cree	dits	129		
*5 1/2	*5 1/2 week course				

*5 1/2 week course



EMERGENCY MEDICAL SCIENCE (T -138)

CURRICULUM MODEL

	<u> First (</u>	Quarter	Class	Lab	Clinical	Work Exp.	Credit Hours		
	EMS 151 EMS 152 BIO 160 MAT 170	Basic EMT Skills Anatomy & Physiology I	4 1 5 5	2 6 2 0	0 0 0	0 0 0 0	5 4 6 <u>5</u> 20		
Second Quarter									
	EMS 161 EMS 171	EMT-Intermediate Skills Clinical Practicum I Field Internship I Anatomy & Physiology II English Composition	6 0 0 5 5	6 0 0 2 0	0 3 0 0	0 0 1 0 0	9 1 0.5* 6 5		
	* 5 1/2 we	eek course					21.5		
	<u>Third</u>	Quarter							
	EMS 154 EMS 155	Basic Pharmacology Management of Medical Emergencies	4	2 0	0 3	0 0	5 5		
	PSY 160 EMS 156	Introduction to Psychology Rescue Scene Management	5 4	0 4	0 0	0 0	5 <u>6</u> 21		
	Fourth	Quarter							
	EMS 162	Cardiology Advanced Pharmacology Clinical Practicum II Field Internship II	5 5 0 0	2 0 0 0	0 0 6 0	0 0 0 1 0	8 5 2 0.5* 13.5		
* 5 1/2 week course									
	<u>Fifth Quarter</u>								
	EMS 255 EMS 256	Management of Trauma Emergency Vehicle Operations, Communications, & Record Keeping	4	2	3 0	0	6 5		
	ENG 271 CAS 160	Oral Communications Introduction to Microcomputers	5 3	0 4	0 0	0	5 <u>5</u> 21		

Sixth Quarter

EMS 257 EMS 258		4 5 5	2 0 0	3 0 0	0 0 0	6 5 <u>5</u> 16
201011	<u> </u>					
EMS 259		3	0	0	0	3
EMS 263	Clinical Practicum III	0	0	6	0	2
EMS 273	Field Internship III	0	0	0	10	1
	Personnel Management					·
	& Finance	5	0	0	٥	5
	Elective	5	0	Ō	Õ	5
		_			•	16



EMS 151 Fundamentals of Emergency Medical Science

Course Description:

This course is an introduction to emergency medical service. Basic emergency life support including assessment and care of traumatic and medical emergencies and patient stabilization are included.

Quarter Hour Credit:

5

Hours Per Week:

4 class 2 lab

Prerequisites:

None

Corequisites:

EMS 152

Course Objectives:

- To provide the student with an understanding of the role and responsibilities of the first responder and other members of the prehospital emergency medical care team.
- To enable the student to recognize the nature and seriousness of a patient's condition and assess the requirements for emergency care.
- To enable the student to provide basic life support and other appropriate emergency care.

Suggested Texts:

Grant, H., Murray, R., Jr., & Bergeron, J. (1990). <u>Emergency Care</u> (5th ed.). Englewood Cliffs, NJ: Brady.

Emergency Care and Transportation of the Sick and Injured (4th ed.) American Academy of Orthopedics, 1990.

Evaluation:

Class Examinations:

80%

Final Examination:

20%



EMS 151

Fundamentals of Emergency Medical Science Course Outline

Introduction to EMS

Legal Aspects of EMS

Body Systems

Basic Life Support

One Person CPR

Two Person

Infant CPR

Obstructed Airway

Patient Assessment

Primary and Secondary Assessment

Vital Signs

Control of Bleeding

Control of Shock

Injuries to Soft Tissues

Injuries to Extremities

Injuries to Skull, Spine

Injuries to Chest, Abdomen

Medica! Emergencies

Coronary Artery Disease

Angina Pectoris

Acute Myocardial Infarction

Congestive Heart Failure

Respiratory Disorders

Chronic Obstructive Pulmonary Disease

Asthma

Hyperventilation

Diabetic Coma

Insulin Shock

Seizures

Acute Abdominal Distress

Poisoning and Drug Abuse

Environmental Emergencies



Burns/Hazardous Materials
Special Needs Patients
Handicapped
Geriatric Patient
Childbirth
Pediatric Emergencies
Behavioral Emergencies





EMS 152 Basic EMT Skills

Course Description:

This course emphasizes the fundamental cognitive and manipulative skills common to the assessment and basic emergency care of the ill and injured patient. Common equipment found on ambulances is utilized. Principles underlying the use of emergency equipment in the evaluation and treatment of emergent problems is emphasized.

Quarter Hour Credit: 4

Hours Per Week: 1 class 6 lab

Prerequisites: EMS 151

Corequisites: None

Course Objectives:

To provide the student, through practice, with the skills necessary to:

- complete an initial patient assessment and identify, record, and report diagnostic signs and symptoms;
- demonstrate on a mannikin the current American Heart
 Association sequences for CPR and obstructed airway on adults and infants;
- maintain an adequate airway in a patient with and without airway adjuncts;
- demonstrate proficiency in controlling bleeding, treating shock, and dressing and bandaging wounds;
- demonstrate the proper immobilization techniques for fractures and dislocations;
- demonstrate on a mannikin the proper pre-delivery preparation of the mother and the steps involved in the delivery of a baby and the placenta;



- demonstrate the techniques of gaining access to and removing entrapped or entangled patients;
- participate in all aspects of an emergency ambulance response including vehicle operation, scene control, radio communication and, recording and reporting an emergency call.

Suggested Texts:

Grant, H., Murray, R., Jr., & Bergeron, J. (1990). <u>Emergency Care</u> (5th ed.). Englewood Cliffs, NJ: Brady.

Emergency Care and Transportation of the Sick and Injured (4th ed.) American Academy of Orthopedics, 1990.

Evaluation:

Practical Examinations: 90% Final Examination: 10%

Attendance:

This course, in conjunction with EMS 152, is designed to meet the requirements of the NC Office of EMS for EMT certification. As such, class attendance is required if the student wishes to be approved as having met the requirements necessary to take the EMT examination at the state and/or national level. Class work missed for excused absences must be made up.

Clinical Experience:

According to North Carolina and National Registry EMT certification requirements, each candidate must complete a 10 hour clinical observation in a hospital emergency room. Objectives for the clinical observation are included with this syllabus.



EMS 152 Basic EMT Skills Course Outline

Orientation to the Course The Role of the EMT Airway Adjuncts, Auscultation Suction Therapy Oxygen Therapy Two Person CPR, Review of One Person & Infant CPR Child & Moving CPR Vital Signs Practice Patient Assessment - Interviewing Assessment Practice with Vital Signs & Interviewing Assessment Practice with Reporting Splinting - Upper Extremities Splinting - Lower Extremities MAST Care of Specific Wounds Care of Spinal Injuries Lifting and Moving Patients Long boards, Short Boards and Extrication Devices Preparation, Response, Triage, and Transport Extrication Multiple Patient and Disaster Management Childbirth Practice

EMS 152 Basic EMT Skills Clinical Observation Objectives

Based on experience gained in the simulation laboratory and with the approval of and under the direction of Emergency Department personnel, the student should be able to:

- 1. Recognize the acute vs. the non-acute patient by signs and symptoms.
- 2. Obtain and report a brief, chief complaint oriented patient history from the patient or pertinent others.
- 3. Accurately obtain, report and record vital signs including level of consciousness, BP, pulse, respirations, pupillary reaction and skin condition.
- 4. Demonstrate a knowledge of basic medical terminology in all of the above.
- 5. Perform CPR or any of its components as directed.
- 6. Establish and maintain an airway, including the use of suctioning, as directed.
- 7. Administer oxygen by nasal cannula or face mask as directed.
- 8. Move and transport patients throughout the hospital as directed.
- 9. Assist in the treatment of fractures and wounds as directed.
- 10. Observe a natural childbirth.
- 11. Provide psychological support to the patient and patient's relatives and friends as required.
- 12. Observe and/or assist with any other basic emergency of nonemergency procedure in the medical or trauma patient as directed by emergency department staff.



13. Assist in the maintenance of safe, clean, orderly environment by cleaning and restocking rooms and remaking beds.

Due to the brief time each student spends in the clinical facility and the patient population during this time, all students may not complete all of the above objectives through observation or assistance. However, as many as possible should be completed by the student.



EMS 153 EMT-Intermediate Skills

Course Description:

This course is designed to teach the knowledge and skills needed for the safe administration of intravenous solutions, placement and use of the esophageal obturator airway, and the use of semi-automatic defibrillators.

Quarter Hour Credit:

9

Hours Per Week:

6 class 6 lab

Prerequisites:

EMS 152, BIO 160

Corequisites:

BIO 161, EMS 161, EMS 171

Course Objectives:

At the conclusion of this course the student should be able to:

- Explain the pathophysiology of shock.
- Establish and maintain peripheral venous access.
- Demonstrate the proper use of the semi-automatic defibrillator and esophageal obturator airway.

Suggested Texts:

Blesdoe, B.E., Porter, R. S., Shade, B. R. (1991). <u>Paramedic Emergency Care</u>. Englewood Cliffs, NJ: Brady, 1991.

Caroline, N. L. (1987). <u>Emergency Care in the Streets</u> (3rd ed.). Boston: Little, Brown.

Caroline, N. L. (1987). <u>Emergency Medical Treatment: A Text for EMT-As and EMT-Intermediates</u> (2nd ed.). Boston: Little Brown.

Evaluation:

Class Examinations: 40%
Practical Examinations: 40%
Final Examination: 20%

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EMS 153 EMT-Intermediate Skills Course Outline

Pathophysiology of Shock Fluids and Electrolytes Acid Base Balance

Shock

Perfusion

Oxygen transport

Types of shock

Stages of shock

Assessment of shock patient

Management of the shock patient

Intravenous Therapy

Indications and Contraindications

Technique

Complications

Flow Rates

Esophageal Obturator Airway

Indications and Contraindications

Insertion

Semi-Automatic Defibrillation

Indications and Contraindications

Procedure

Clinical Experience

Patient Assessment

Respiratory Care

Cardiac Care

Intravenous Therapy





EMS 154 Basic Pharmacology

Course Description:

This course is an introduction to the fundamental principles of pharmacology, including weights and measures, drug legislation and drug administration. Drug groups are presented through the use of prototype agents.

Quarter Hour Credit:

Hours Per Week: 5 Class

Prerequisites: BIO 160-161, EMS 153

Corequisites: None

Course Objectives:

• To acquaint the student with the major drug groups and their effect on the body.

- To provide an understanding of the mechanisms of action of drug groups.
- · To examine the methods of drug administration.
- To provide an understanding of drug side effects.
- To provide an understanding of drug interactions.
- To provide an understanding of drug doses and the calculations necessary to achieve these doses.

Suggested Texts:

Hitner, H. & Nagle, B. T. (1987). <u>Basic Pharmacology for Health Occupations</u>. Mission Hills, CA: Glencoe Publishing, 1987.

Daniels, J. M. & Smith, L. M.(1990). <u>Clinical Calculations</u> (2nd ed.). Delmar Publishers.



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Evaluation:

Class Examinations: Final Examination:

80% **20**%

ial Examination: 2

1



EMS 154 Basic Pharmacology Course Outline

Math pre-test Introduction to pharmacology

Drug nomenclature

Drug sources

Drug legislation and standards

Drug forms

Weights and Measures

Basic Math Review

Drug doses and calculations

Drug Administration

Local and systemic

Modes of administration

Pharmacodynamics and Pharmacokinetics

Introduction to Autonomic Pharmacology

Cholinoceptor Activating and Blocking Drugs

Adrenoceptor Activating and Blocking Drugs

Cardiovascular-Renal Drugs

Antidysrhythmics

Drugs used to treat angina and CHF

Anticoagulants

Antihypertensives

Drugs with Action on Smooth Muscle

Introduction to CNS Drugs

Narcotics

Sedative-Hypnotics

Anti-epileptic Drugs

Anesthetics and Skeletal Muscle Relaxants

Antipsychotic and Antidepressant Agents

Drugs that affect the GI Tract

Alcohol and Other Drugs of Abuse



Endocrine Drugs
Principles of Antimicrobial Drug Action
Over the Counter Drugs





EMS 155 Management of Medical Emergencies

Course Description:

This course focuses on the assessment and management of medical emergencies including central nervous system and behavioral disorders, diabetic emergencies, exposure to environmental extremes, substance abuse, poisoning, acute abdomen, genito-urinary problems, and infectious diseases. A clinical component is included.

Quarter Hour Credit:

Hours Per Week: 4 class 3 clinical

Prerequisites: EMS 153, BIO 160-161

Corequisites: EMS 154

Course Objectives:

 To provide an understanding of the physiology and pathophysiology of the most frequently encountered medical emergencies.

- To provide the knowledge necessary for the learner to make an accurate assessment and diagnosis of patients in medical emergencies.
- To insure that the learner understands proper sequence of treatment for medical emergencies and is proficient in the skills necessary to administer such treatment.
- To provide clinical experience with patients with medical emergencies.

Suggested Texts:

Mills, J. Ho, M. T. Sabler, P. R. & Trunkey, D. D. (eds.) (1990). <u>Current Emergency Diagnosis and Treatment</u> (3rd ed.). East Norwalk, CT: Lange.

Blesdoe, B.E., Porter, R. S., Shade, B. R. (1991). <u>Paramedic Emergency Care</u>. Englewood Cliffs, NJ: Brady, 1991.



Caroline, N. L. (1987). Emergency Care in the Streets (3rd ed.).

Boston: Little, Brown.

Evaluation:

Class Examinations: 50%

Clinical Experience:

30%

Final Examination:

20%





EMS 155 Management of Medical Emergencies Outline

CNS Disorders

Coma

Acute Confusional States

Stroke

Syncope

Seizures

Acute Anxiety Reactions

Acute Headache

Diabetic Emergencies

Diabetic Ketoacidosis

Hypoglycemia

Substance Abuse

Alcohol

Illegal Drug Abuse

Legal Drug Toxicity

Bites

Poisoning

Ingested

Inhaled

Absorbed

Environmental Emergencies

Marine Injuries

Heat Disorders

Cold Disorders

Radiation Injury

Lightning

Altitude Sickness

Cardiovascular Emergencies

Congestive Heart Failure

Hypertensive Crisis



Aneurysm

Acute Chest Pain

Respiratory Emergencies

Pulmonary Embolus

Hyperventilation

Acute Dyspnea

Obstructive Airway Disease

Gastrointestinal Emergencies

GI Bleed

Intestinal Obstruction

Cholecystitis

Appendicitis

Diverticulitis

Hiatal Hernia

Abdominal Aortic Aneurysm

Hernias

Acute Abdomen

Other Emergencies

Anaphalyxis

Endocrine Emergences

Genitourinary Emerge icies

Infectious Diseases

Behavioral Emergencies

Depression

Suicide

Anxiety Disorders

Manic Disorders

Schizophrenia



EMS 156 Rescue Scene Management

Course Description:

This course introduces the student to the basic principles of rescue and includes practice in the skills of water rescue, rescue from heights, rescue from depths, vehicle extrication, and handling hazardous materials situations. Incident command structure in mass casualty situations is included.

Quarter Hour Credit:

Hours Per Week: 4 class 4 lab

Prerequisites: Permission of Instructor

Corequisites: None

Course Objectives:

Upon completion of this course the student should be able to:

- · Understand the phases of a rescue.
- Understand the hazards and safety considerations associated with a rescue.
- Understand the functioning of incident command in a mass casualty situation.
- Have skills in gaining access, removal and transporting the trauma patient from a variety of situations so the learner is capable of being an attending paramedic on a rescue team.

Suggested Texts:

Moore, R.E (1991). <u>Vehicle Rescue and Extrication</u>. St. Louis: Mosby.

Bronstein, A. C. & Currance, P. L. (1988). <u>Emergency Care for Hazardous Materials Exposure</u>. St. Louis: Mosby.



Basic Rescue and Emergency Care (1990). American Academy of Orthopedic Surgeons.

Evaluation:

Class Examinations:

80%

Final Examination:

20%



EMS 156 Rescue Scene Management Course Outline

Safety Personal Safety Patient Safety Safety Procedures Rescue Operation Preplanning Phases of a Rescue Assessment **Access Emergency Care** Disentanglement Removal Transport Rescue Equipment Access and Disentanglement Tools Vehicles Support Equipment Ropes and Knots Rappelling and Climbing Terminology Commands Rappelling Techniques Climbing Techniques Casualty Handling Lifts Carrying a Stretcher Blanketing a Stretcher Lashing a Stretcher Lashing a Stokes Basket Rescue from Heights Vertical Lowers Horizontial Lowers



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Lowering With a Life Basket Ladders

Water Rescue

Reach and Pull

Row, Throw, Go

Possible Spinal Injury

Rescue from Depths

Trench Rescue

Caves

Sewers

Vehicle Extrication

Vehicle Stabilization

Glass

Doors and Locks

Steering Wheel and Column

Roof Removal

Seat and Seat Belt Removal

Hazardous Materials Management

Combustible Materials

Explosive Materials

Radioactive Materials

Corrosive Materials

Toxic Materials

Incident Command System



EMS 157 Cardiology

Course Description:

This course introduces the student to the principles of cardiac monitoring, the recognition and management of basic dysrhythmias, and the pathophysiology, assessment, and treatment of cardiac emergencies.

Quarter Hour Credit:

6

Hours Per Week:

5 class 2 lab

Prerequisites:

EMS 154, EMS 15F

Corequisites:

EMS 254, EMS 162, EMS 172

Course Objectives:

At the completion of the course the student should:

- have a thorough understanding of the electrical and mechanical activity of the heart.
- understand the basic principles of electrocardiography.
- be able to interpret and render appropriate treatment for the basic cardiac dysrhythmias.
- have a working knowledge of the pathophysiology of heart disease and its clinical manifestations
- be able to assess and treat patients with cardiovascular emergencies.
- be able to understand the theoretical concepts and correctly perform defibrillation, synchronized cardioversion, carotid sinus massage and other techniques as may be appropriate for the paramedic.

Suggested Texts:

The Only EKG Book You'll Ever Need, Malcom S. Thaler, M.D., J.B. Lippencott, 1988.



EKG Workout: Exercises in Arrhythmia Interpretation, J. Huff et al., Lippincott, 1985.

<u>Textbook of Advanced Cardiac Life Support</u>, American Heart Association, 1987.

Emergency Care in the Streets, 3rd ed., Nancy Caroline, M.D. Little, Brown and Co., 1987.

<u>Paramedic Emergency Care</u>, B.E. Blesdoe, R.S. Porter, B.R. Shade, Brady, Englewood Cliffs, NJ, 1991.

Evaluation:

Class Examinations:

80%

Final Examination:

20%





EMS 157 Cardiology Course Outline

Anatomy and Physiology of the Cardiovascular System

Anatomy of the Heart

Anatomy of the Peripheral Circulatory System

Physiology of the Heart

Electrophysiology (Basics)

Assessment of the Cardiac Patient

Common Chief Complaints and History

Significant Past Medical History

Physical Examination Pertinent to the Cardiac Patient

Dysrhythmia Recognition

Introduction to ECG Monitoring

Rhythm Strip Analysis

Introduction to Dysrhythmias

Dysrhythmias Originating in the SA Node

Dysrhythmias Originating in the Atria

Dysrhythmias originating in the AV Junction

Dysrhythmias originating in the Ventricles

Dysrhythmias that are Disorders in Conduction

Techniques of Management

CPR

ECG Monitoring

Precordial Thump

Defibrillation

Emergency Synchronized Cardioversion

Carotid Massage (optional content)

Intracardiac Injections (optional content)

Mechanical CPR Devices (optional content)

Pathophysiologies and Management

Coronary Artery Disease

Angina

Acute Myocardial Infarction

Cardiogenic Shock

Cardiac Arrest



EMS 254 Advanced Pharmacology

Course Description:

This course focuses on drugs which the EMT-paramedic uses in emergency situations and the types of medications the patient may be taking by prescription.

Quarter Hour Credit:

5

Hours Per Week:

5 class

Prerequisites:

EMS 154

Corequisites:

None

Course Objectives:

At the completion of this course the student should be able to:

- · Provide generic and trade names;
- Provide dosages and routes of administration;
- Provide actions, indications and contraindications;
- Provide side effects for the drugs on the EMT-paramedic mandatory and optional formulary.

Suggested Texts:

Nurse Pharmacology and Drug Therapy. M. Shalfer and E. Marieb, Addison Wesley,

Paramedic Emergency Care, B.E. Blesdoe, R.S. Porter, B.R. Shade, Brady, Englewood Cliffs, NJ, 1991.

Evaluation:

Class Examinations:

80%

Final Examination:

20%

EMS 254 Advanced Pharmacology Course Outline

The Role of the Paramedic in Drug Therapy
The Paramedic Formulary

I.V. SOLUTIONS

D5W 250cc or 500cc

Lactated Ringers 1000cc

Normal Saline 1000cc

D5 Lactated Ringers

D5 1/2 Normal Saline

D5 1/4 Normal Saline

D10 Water

D5 Normal Saline

ACLS DRUGS

Adenosine

Atropine

Bretylium

Calcium Chloride/Gluconate

Dextrose

Dobutamine

Dopamine

Epinephrine

Isoproterenol

Lidocaine

NaCl Injection

Nifedipine

Nitroglycerin

Procainamide

Propranoiol

Sodium Bicarbonate

Verapamil



ANESTHETICS

Lidocaine 1% or 2%

Procaine 1% or 2%

FLUID AND RESPIRATORY AGENTS

Albuterel

Aminophylline

Furosemide

Isoetharine

Metaproterenoi

Racemic Epinephrine

Terbutaline (Injectable or Inhaler)

ANALGESICS

Meperidine (Demerol)

Morphine Sulfate

Nalbuphine Hydrochloride

Nitrous Oxide

OTHER DRUGS

Diazepam (Valium) Injectable

Diphenhydramine (Benadryl) Injectable

Dextrose - 50%

Glucagon (Intramuscular or Subcutaneous)

I.V. steroid preparations such as Solu-Medrol and Decadron

Mannitol

Naloxone (Narcan) Injectable

Phenytoin (Dilantin) Injectable

Promethazine (Phernergan)

Syrup of Ipecac

Thiamine (Intramuscular or Intravenously)

INTERHOSPITAL TRANSFER DRUGS

Antibiotics I.V.

Blood and Components I.V.

Heparin Drip I.V.

Nitroglycerin Drip I.V.

Potassium Chloride

Urokinase





Streptokinase

Tissue Plasminogen Activator

Patient Prescription Drugs

Commonly Prescribed Digitalis Preparations

Commonly Prescribed Nitrates

Commonly Prescribed Antiarrhythmics

Commonly Prescribed Diuretics

Commonly Prescribed Antihypertensive Agents

Commonly Prescribed Brochodilators

Commonly Prescribed Oral Hypoglycemic Agents

Commonly Prescribed Anticonvulsants

Commonly Prescribed Antidepressants

Commonly Prescribed Antiphychotic Agents

Commonly Prescribed Tranquilizers

EMS 255 Management of Trauma

Course Description:

This course includes the assessment and management of trauma emergencies. Included are the kinematics of injury and principles of triage.

Quarter Hour Credit:

Hours Per Week: 4 class 2 lab 3 clinical

Prerequisites: EMS 161, EMS 171, EMS 254

Corequisites: None

Course Objectives:

• To provide a description of the physiology, pathophysiology and kinematics of skeletal and soft tissue injury.

- To advance the student's knowledge of assessment and diagnostic skills.
- To establish skill in the management of the multi-system trauma patient.
- To learn the principles of triage.
- To learn to operate under standing orders and the legal and medical implications of such patient care.
- To acquaint students with current research, issues and controversies in trauma management.

Suggested Texts:

<u>Pre-Hospital Trauma Life Support</u>, A.M. Butman and J.L. Paturas, Editors, Emergency Training, Akron, Ohio, 1991.

Basic Trauma Life Support, 2nd ed., J.E. Campbell, Brady, 1990.



Paramedic Emergency Care, B.E. Blesdoe, R.S. Porter, B.R. Shade, Brady, Englewood Cliffs, NJ, 1991.

Evaluation:

Class Examinations: 50% Clinical Evaluations: 30% Final Examination: 20%

EMS 255 Management of Trauma Course Outline

Trauma - Magnitude of the Problem Kinematics of Injury Assessment of the Trauma Victim Burns Spinal Trauma Spinal Management Head Trauma Chest Trauma Airway Management in Trauma Abdominal Trauma Extremity Trauma Review of Shock Fluid Resuscitation in Trauma The Multi-Injured Patient Pediatric Trauma Considerations Geriatric Trauma Considerations

EMS 256 Emergency Vehicle Operations, Communications, and Record Keeping

Course Description:

This course examines the principles and practices governing the safe operation and maintenance of emergency vehicles, it also prepares the student to effectively utilize emergency communications equipment and prepare EMS records.

Quarter Hour Credit:

5

Hours Per Week:

4 class

2 lab

Prerequisites:

EMS 172

Corequisites:

None ·

Course Objectives:

- · Identify required equipment for ambulances in North Carolina.
- Identify motor vehicle laws in North Carolina which relate to emergency vehicle operations.
- Describe the steps in completing a daily vehicle checklist and routine maintenance procedures for emergency vehicles.
- · Identify the components of an effective communications system.
- · Identify equipment common to EMS communications.
- Demonstrate the ability to deliver a thorough concise patient report to a medical facility.
- · Describe medical/legal aspects of record keeping for EMS.
- Demonstrate the ability to complete the patient report forms used in North Carolina.

Suggested Texts:

Ambulance and EMS Driving, James A. Hanna, Reston Publishing Company, Inc. Reston, VA 1983.



Emergency Ambulance Driving, B.J. Childs and D.J. Ptacnik. Brady, Englewood Cliffs, NJ, 1986.

Paramedic Emergency Care, B.E. Blesdoe, R.S. Porter, B.R. Shade, Brady, Englewood Cliffs, NJ, 1991.

Evaluation:

Class Examinations: 80% Final Examination: 20%





EMS 256 Vehicle Operations Communications, and Record Keeping

Emergency Vehicle Operations Motor Vehicle Laws Warning Devices Right of Way Speed Limit Parking Personnel KKK-A-1822 A Specifications Types of Vehicle Electrical Equipment Chassis Selection Minimum Equipment List Patient Care Supplies Extrication Equipment Other Equipment Hazards of Emergency Driving Driver F. rformance Test Drive Perception Course Speed Intersections Driving Emergencies Vehicle Maintenance Daily Unit Check Preventive Maintenance Weekly Monthly Mileage Driving Course (optional) Safety Serpentine Alley Dock





Diminishing Clearance

Parallel Parking

Intersections

Evasive Maneuvers

Diagonal Parking

Driveway Turn

Controlled Braking

Communications

EMS Communications System

Detection

Notification

911 System

Dispatch

In Field Treatment

E.D. Care

Telemetry

Inter Agency

Necessity of Communications

Medical Control

Telemetry

Dispatch

Public Access

Inter Agency

Local

Regional

EMS Communications Equipment

Mobile Equipment

Transceivers

Mobile Repeaters

Portable Equipment

Telemetry Unit

Hand Head Unit

Paging Receivers

Station Equipment

Base Station

Control Equipment



Selective Calling Unit

Recording Equipment

Interface

Communications Frequencies

UHF Frequencies

Wave Formation

Multiplex Operations

Limitations

Advantages

VHF High Band

Wave Formation

Duplex Operation

Limitations

Advantages

VHF Low Band

Wave Formation

Simplex Operations

Limitations

Advantages

Sequence For Radio Communications

Unit Identification

Acknowledgement

Describe Situation

Medical History

Exam Findings

ETA

Orders Requested

Orders Repeated

Update Report

Record Keeping

Reasons For Record Keeping

Administrative

Medical

Audit and Review

Research



Legal Aspects of Record Keeping
Liability
Court Procedures
Importance of Documentation
Special Situations
Patient Report Forms
ACR
MICCR



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EMS 257 Life Span Emergencies

Course Description:

This course provides the student with the knowledge and skills necessary to provide emergency care to the infant, child and elderly patient and the pregnant woman. A clinical component is included.

Quarter Hour Credit:

6

Hours Per Week:

4 class 2 lab

3 clinical

Prerequisites:

EMS 162, EMS 255

Corequisites:

None

Course Objectives:

- To provide the assessment skills necessary to elicit an accurate history and perform a physical examination on the infant, child, elderly patient, and the pregnant woman.
- To provide an understanding of changes in response to specific pathologies in the infant, child, and elderly patient.
- To provide an understanding of drug therapy in the body's response to medications in the infant, child, elderly patient, and the pregnant woman.
- To make the student aware of the psychological needs of the infant, child, and elderly patient in the context of age and illness.

Suggested Texts:

<u>Pediatric Emergency Treatment</u>, Stanley A. Cohen, M.D., Brady, Bowie, Maryland, 1982.

Emergency Pediatrics, Roger M. Barkin, M.D., Mosby, St. Louis, MO, 1984.



Emergency Problems of the Elderly, Edward P. Hoffer, M.D.ed., Medical Economics Books, Brooklyn, NY, 1985.

<u>Paramedic Emergency Care</u>, B.E. Blesdoe, R.S. Porter, B.R. Shade, Brady, Englewood Cliffs, NJ, 1991.

Evaluation:

Class Examinations: 50% Clinical Evaluations: 30% Final Examination: 20%



EMS 257 Life Span Emergencies Course Outline

Newborn

Newborn exam

APGAR

Maturation Scale

Neonatal Resuscitation

Obstetric Exam

Normal labor

Complication labor

Complication of Pregnancy

Pediatrics

Pediatric ACLS

Newborn Seizures

Newborn Sepsis

Newborn coronary heart disease

Neonatal Withdrawal

SIDS

Resp. Distress in Newborn

Early and Late Neonatal Hypocalcemia

Hypoglycemia

Pediatric Shock

Pediatric Cervical Trauma

Pediatric Abdominal Trauma

Child Abuse

Psychological Concerns in Pediatric Trauma

Near Drowning

Burns

Poisoning

Infectious Upper Respiratory Emergencies

- -Croup
- -Epiglottitis
- -Bronchiolitis



Non-Infectious Upper Respiratory Emergencies

- -Asthma
- -Foreign Body

Acute CNS Deterioration

- -Infections (Meningitis, Encephalitis)
- -Seizures
- -Acute Paralysis
- -Acute Ataxia
- -Reyes
- -Coma

Febrile Child

Geriatrics

Physiology of Aging

Pharmacology and the Geriatric Patient

Assessment of the Geriatric Patient

Corna and Altered Mental Status

Pain in the Elderly

Geriatric Pulmonary Emergencies

Cardiovascular Emergencies

Stroke

GI Bleeds

Other Medical Emergencies

Psychiatric Disorders

Abuse and Neglect

Clinical Experience

Obstetrical Patient

The student will assess and interview the patient.

The student will participate in the treatment of common obstetric emergencies.

The student will assist with a live delivery at the discretion of the attending physician and the mother.



The student will assist in cleaning the airway, insuring adequate ventilations, and maintaining body temperature of the newborn.

The student will participate in post-partum care of the mother.

Pediatric Patient

The student will interview a pediatric patient to determine chief complaint and symptoms.

The student will observe pediatric patients and assist in delivery of care.

Geriatric Patient

The student will interview a geriatric patient to determine chief complaint and symptoms.

The student will observe geriatric patients and assist in delivery of care.



EMS 258 Law and Ethics

Course Description:

This course introduces the student to the laws governing the practice of emergency medical services and the ethics of emergency medical care.

Quarter Hour Credit:

Hours Per Week:

5 class

5

Prerequisites:

EMS 162, EMS 172, EMS 255

Corequisites:

None

Course Objectives:

At the conclusion of this course the student should be able to:

- Explain current legal and ethical controversies in medicine.
- Explain the difference between laws and regulations.
- Give examples of professional ethics.
- Define basic legal terms.
- Locate NC laws and regulations applying to EMS.

Suggested Texts:

<u>Dynamics of Law in Nursing and Health Care</u>, 2nd Ed., M.D. Hemelt., Reston Publishing, 1982.

EMS Law, R.A. Lazur, Aspen Publishing, 1989.

Evaluation:

Class Examinations:

80%

Final Examination:

20%



EMS 258 Law and Ethics Course Outline

Introduction to the legal system

Terminology

Documentation

Malpractice

The EMS professional and the law

Consent

Abandonment

Negligence

Standard of Care

Good Samaritan

Special care situations

Abuse

Living Wills and DNR Orders

Ethical considerations for the EMS professional

Controversies

Professional behavior

General Statutes of North Carolina

Vehicle Laws

Medical Practice Act

Emergency Medical Services Act of 1973

Regulation of Ambulance Services

North Carolina Administrative Code

Vehicles

Certification

Procedures

Recertification



EMS 259 Seminar

Course Description:

This course examines current trends, issues and controversies in EMS including certification, recertification and continuing education. Students will prepare and present classes.

Quarter Hour Credit:

3

Hours Per Week:

3 class

Prerequisites:

Permission of Instructor

Corequisites:

EMS 263, EMS 273

Course Objectives:

- To present issues in EMS which will affect the student as a future paramedic in the workplace.
- To enable the student to formulate a position on these issues.
- To provide the student with the opportunity to plan, develop, and present an effective training session.

Suggested Texts:

Current EMS and medical journal articles.

Evaluation:

Class Presentation:

50%

Final Examination:

50%



EMS 259 Seminar Course Outline

The course outline will be decided on by consensus of the group with the direction of the instructor to accommodate the changing nature of EMS. Emphasis will be placed on developing skills in preparing and presenting a public education program.

Current Trends
Issues
Controversies

Changing Trends

Basic Principles of Teaching

Planning a Training Session
Purpose
Objectives
Time Frame
Type Audience
Basic Evaluation Methods



EMS 161 Clinical Practicum I

Course Description:

This course is the initial hospital clinical experience. Emphasis is placed on the integration of theoretical knowledge obtained in EMS courses with the realities of actual patient care appropriate to the EMT-intermediate

Quarter Hour Credit:

1

Hours Per Week:

3 clinical

Prerequisites:

BIO 160, EMS 152

Corequisites:

EMS 153, EMS 171, BIO 161,

Course Objectives:

Within the context of efficient patient care in the clinical setting the paramedic student will:

- · Refine skills in patient assessment in a clinical setting.
- Develop skills in history taking and interview techniques in a clinical setting.
- Develop skill in identifying normal from abnormal findings during a physical assessment and learn to correlate these findings with the specific patient complaint and/or injury.
- Develop the verbal communication skills necessary to relay pertinent patient findings.
- Develop techniques in establishing patient rapport conducive to obtaining a history and performing a physical examination.
- Develop an appreciation for and begin to develop professional relationships with other members of the health care professions.
- Become proficient in obtaining venous blood samples.



• Become skilled in the initiation of peripheral venous access and intravenous fluid therapy administration.

Suggested Texts:

Blesdoe, B.E., Porter, R. S., Shade, B. R. (1991). <u>Paramedic Emergency Care</u>. Englewood Cliffs, NJ: Brady, 1991.

Caroline, N. L. (1987). <u>Emergency Care in the Streets</u> (3rd ed.). Boston:Little, Brown.

Evaluation:

Clinical Evaluations: 80% Case Studies: 20%



EMS 161 Clinical Practicum I Specific Unit Objectives

Emergency Room and Critical Care Units

Assist with and review the assessment and treatment of trauma and medical emergency patients.

Assist in cases of cardiac arrest, including the performance of cardiopulmonary resuscitation and basic airway management.

Further develop skills in patient assessment and use this information to make appropriate judgments in subsequent patient care.

Develop skills in peripheral IV insertion and demonstrate an understanding of the principles of IV therapy.

Demonstrate the ability to calculate and adjust IV flow rates during the parenteral administration of fluids.

Assist with application, maintenance and removal of MAST.

Assist with triage to include appropriate vital signs, past and present medical history.

Perform airway maintenance including the securing of the airway through use of an esophageal obturation and the administration of oxygen.

Obtain venous blood samples.

Develop communication skills and cooperative interpersonal relationships with patients, family and the hospital staff personnel.

Respiratory Therapy

Demonstrate an understanding of the principles of oxygen therapy.



Improve skills in various airway maintenance techniques.

Further develop skills in patient assessment and use this information to make appropriate judgments concerning subsequent patient care.

Perform oro-pharyngeal airway maintenance.

Observe the technique of drawing for blood gases and interpret the results appropriately.

Develop communication skills and cooperative interpersonal relationships with patients and hospital staff personnel.

Outpatient Surgery

Develop practical skills in patient assessment and use this information to make appropriate judgments concerning subsequent patient care.

Develop skills in peripheral IV insertion and demonstrate an understanding of the principles of IV therapy.

When appropriate, observe surgical and exploratory procedures.

Care for the induced coma patient and observe for signs at the various levels as the patient regains consciousness.

Monitor post-operative patients.

Perfect communication skills and interpersonal relationships with patients, patients' families and the hospital staff.

IV Team

Develop skills in peripheral IV insertion and demonstrate an understanding of the principles of IV therapy including the selection of catheters, tubing, fluids, and sites.

Develop the ability to calculate and to adjust flow rates during parenteral administration of IV fluids.



Develop an understanding of the signs and symptoms of the complications of IV fluid therapy and the appropriate methods for their correction.

Develop skills in aseptic technique.

Perfect communication skills and interpersonal relationships with the patients and the hospital staff.



EMS 162 Clinical Practicum II

Course Description:

This course continues the hospital clinical experience. Emphasis is placed on the integration of theoretical knowledge with the realities of patient care appropriate to the EMT-advanced intermediate.

Quarter Hour Credit:

2

Hours Per Week:

6 clinical

Prerequisites:

EMS 154, EMS 155.

Corequisites:

EMS 157, EMS 254, EMS 171

Course Objectives:

• To develop an understanding and appreciation of the components of definitive in-hospital diagnosis and treatment of emergency and non-emergency patients.

- To refine skills in communication and interpersonal relationships with patients and hospital staff.
- To develop an understanding and appreciation of the role, capabilities and limitations of other members of the medical care team.
- To further develop skills in patient assessment and the invasive and non-invasive techniques of patient care already learned.
- To develop skills in invasive and non-invasive techniques of patient care appropriate to the EMT-advanced intermediate.

Suggested Texts:

Bates, B. (1991). A Guide to Physical Examination and History Taking. (5th ed.) Lippincott.

Blesdoe, B.E., Porter, R. S., Shade, B. R. (1991). <u>Paramedic Emergency Care</u>. Englewood Cliffs, NJ: Brady, 1991.



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Caroline, N. L. (1987). <u>Emergency Care in the Streets</u> (3rd ed.).

Boston: Little, Brown.

Evaluation:

Clinical Evaluations:

80%

Case Studies:

20%





EMS 162 Clinical Practicum II Specific Unit Objectives

Emergency Room and Critical Care Units

Assist with and review the assessment and treatment of trauma and medical emergency patients.

Prepare and administer sublingual, sub utaneous and intravenous medications consistent with the EMT advanced intermediate formulary.

Observe the effects of pharmacological agents administered.

Assist in cases of cardiac arrest, including the performance of cardiopulmonary resuscitation, airway management, external pacing, drug administration and defibrillation.

Apply monitoring electrodes, observe cardiac monitoring and interpret dysrhythmias.

Assist with external cardiac pacing of a patient.

Further develop skills in patient assessment and use this information to make appropriate judgments in subsequent patient care.

Further develop skills in peripheral IV insertion and demonstrate an understanding of the principles of IV therapy.

Demonstrate the ability to calculate and adjust IV flow rates during the parenteral administration of fluids.

Assist with application, maintenance and removal of MAST.

Assist with triage to include appropriate vital signs, past and present medical history and initial intervention as appropriate.

Perform airway maintenance including the securing of the airway through endotracheal intubation, oral and endotracheal suctioning, and the administration of oxygen.



Obtain venous blood samples.

Develop communication skills and cooperative interpersonal relationships with patients, fan. y and the hospital staff personnel.

Operating Room

Demonstrate a knowledge and understanding of the principles of airway management and develop skills in oral airway insertion, endotracheal intubation, and assisted ventilation.

Further develop practical skills in patient assessment and use this information to make appropriate judgments in subsequent patient care.

Further develop skills in peripheral IV insertion and demonstrate a knowledge and understanding of the principles of IV therapy.

Observe the effects of pharmacological agents administered.

Observe surgical procedures and techniques to obtain a better understanding of anatomy and physiology.

Observe cardiac monitoring and interpret dysrhythmias.

Develop communication skills and cooperative interpersonal relationships with patients and hospital staff personnel.

Respiratory Therapy

Demonstrate an understanding of the principles of oxygen therapy and develop skills in the use of various respiratory equipment and methods of artificial ventilation.

Improve skills in various airway maintenance techniques.

Observe the effects of pharmacological agents administered.

Further develop skills in patient assessment and use this information to make appropriate judgments concerning subsequent patient care.



Assist and review the treatment of trauma cases and medical emergencies.

Perform oro-pharyngeal and endotracheal suctioning.

Observe the technique of drawing for blood gases and interpret the results appropriately.

Develop communication skills and cooperative interpersonal relationships with patients and hospital staff personnel.

Outpatient Surgery

Further develop practical skills in patient assessment and use this information to make appropriate judgments concerning subsequent patient care.

Further develop skills in peripheral IV insertion and demonstrate an understanding of the principles of IV therapy.

When appropriate, observe surgical and exploratory procedures.

Observe the effects of pharmacological agents administered.

Care for the induced coma patient and observe for signs at the various levels as the patient regains consciousness.

Monitor post-operative patients.

Perfect communication skills and interpersonal relationships with patients, patients' families and the hospital staff.

IV Team

Further develop skills in peripheral IV insertion and demonstrate an understanding of the principles of IV therapy including the selection of catheters, tubing, fluids, and sites.

Demonstrate the ability to calculate and to adjust flow rates during parenteral administration of IV fluids.



Develop an understanding of the signs and symptoms of the complications of IV fluid therapy and the appropriate methods for their correction.

Further develop skills in aseptic technique.

Perfect communication skills and interpersonal relationships with the patients and the hospital staff.



EMS 263 Clinical Practicum III

Course Description:

This course integrates all the theoretical knowledge of the EMS curriculum to the hospital clinical care of the patient.

Quarter Hour Credit: 2

Hours Per Week: 6 clinical

Prerequisites: EMS 255, 257

Corequisites: EMS 273

Course Objectives:

 To develop an understanding and appreciation of the components of definitive in-hospital diagnosis and treatment of emergency and non-emergency patients.

- To perfect communications and interpersonal relationships with patients and hospital staff.
- To develop an understanding and appreciation of the role, capabilities and limitations of other members of the medical care team.
- To assist in promoting an understanding by other medical professionals concerning the role, capabilities and limitations of the paramedic.
- To further develop skills in patient assessment and the invasive and non-invasive techniques of patient care already learned.
- To develop skills in invasive and non-invasive techniques of patient care appropriate to the EMT-paramedic.

Suggested Texts:

Bates, B. (1991). <u>A Guide to Physical Examination and History Taking</u>. (5th ed.) Lippincott.



Blesdoe, B.E., Porter, R. S., Shade, B. R. (1991). <u>Paramedic Emergency Care</u>. Englewood Cliffs, NJ: Brady, 1991.

Caroline, N. L. (1987). <u>Emergency Care in the Streets</u> (3rd ed.). Boston: Little, Brown.

Evaluation:

Clinical Evaluations: 80% Case Studies: 20%

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EMS 263 Clinical Practicum III Specific Unit Objectives

Emergency Room and Critical Care Units

Assist with and review the assessment and treatment of trauma and medical emergency patients.

Prepare and administer sublingual, intramuscular, subcutaneous and intravenous medications.

Observe the effects of pharmacological agents administered.

Assist in cases of cardiac arrest, including the performance of cardiopulmonary resuscitation, airway management, external pacing, drug administration and defibrillation/cardioversion.

Apply monitoring electrodes, observe cardiac monitoring and interpret dysrhythmias.

Assist with external cardiac pacing of a patient.

Observe the insertion of temporary and permanent pacemakers and the care of the post-implant patient.

Observe and record 12 lead electrocardiograms.

Observe and when appropriate, assist with carotid sinus massage.

Further develop skills in patient assessment and use this information to make appropriate judgments in subsequent patient care.

Further develop skills in peripheral IV insertion and demonstrate an understanding of the principles of IV therapy.

Demonstrate the ability to calculate and adjust IV flow rates during the parenteral administration of fluids.

Assist with application, maintenance and removal of MAST.



Assist with triage to include appropriate vital signs, past and present medical history and initial intervention as appropriate.

Perform airway maintenance including the securing of the airway through endotracheal intubation, oral and endotracheal suctioning, and the administration of oxygen.

Obtain venous blood samples.

Develop communication skills and cooperative interpersonal relationships with patients, family and the hospital staff personnel.

Operating Room

Demonstrate a knowledge and understanding of the principles of airway management and develop skills in oral airway insertion, endotracheal intubation, and assisted ventilation.

Further develop practical skills in patient assessment and use this information to make appropriate judgments in subsequent patient care.

Develop and perfect skills in peripheral IV insertion and demonstrate a knowledge and understanding of the principles of IV therapy.

Observe the effects of pharmacological agents administered.

Observe surgical procedures and techniques to obtain a better understanding of anatomy and physiology.

Observe cardiac monitoring and to interpret dysrhythmias.

Develop communication skills and cooperative interpersonal relationships with patients and hospital staff personnel.

Respiratory Therapy

Demonstrate an understanding of the principles of oxygen therapy and develop skills in the use of various respiratory equipment and methods of artificial ventilation.





Improve skills in various airway maintenance techniques.

Observe the effects of pharmacological agents administered.

Further develop skills in patient assessment and use this information to make appropriate judgments concerning subsequent patient care.

Assist and review the treatment of trauma cases and medical emergencies.

Perform oro-pharyngeal and endotracheal suctioning.

Observe the technique of drawing for blood gases and interpret the results appropriately.

Develop communication skills and cooperative interpersonal relationships with patients and hospital staff personnel.

Outpatient Surgery

Further develop practical skills in patient assessment and use this information to make appropriate judgments concerning subsequent patient care.

Further develop skills in peripheral IV insertion and demonstrate an understanding of the principles of IV therapy.

When appropriate, observe surgical and exploratory procedures.

Observe the effects of pharmacological agents administered.

Care for the induced coma patient and observe for signs at the various levels as the patient regains consciousness.

Monitor post-operative patients.

Perfect communication skills and interpersonal relationships with patients, patients' families and the hospital staff.



IV Team

Further develop skills in peripheral IV insertion and demonstrate an understanding of the principles of IV therapy including the selection of catheters, tubing, fluids, and sites.

Demonstrate the ability to calculate and to adjust flow rates during parenteral administration of IV fluids.

Develop an understanding of the signs and symptoms of the complications of IV fluid therapy and the appropriate methods for their correction.

Further develop skills in aseptic technique.

Perfect communication skills and interpersonal relationships with the patients and the hospital staff.





EMS 171 Field Internship I

Course Description:

This course is the initial field experience. Emphasis is placed on the integration of theoretical knowledge obtained in EMS courses with the realities of field-oriented patient care appropriate to the EMT-intermediate.

Quarter Hour Credit:

0.5 (5 1/2 week course)

Hours Per Week:

10 work experience

Prerequisites:

EMS 152, BIO 160

Corequisites:

EMS 153, EMS 161, BIO 161

Course Objectives:

- To develop communication skills and interpersonal relationships with patients and EMS staff.
- To develop an understanding and appreciation of the role, capabilities and limitations of other members of the emergency medical care team.
- To develop skills in establishing peripheral venous access, obtaining venous blood sample, use of MAST, use of esophageal obturator airway.
- To further develop skills in patient assessment and the use of automated defibrillation.

Suggested Texts:

Blesdoe, B.E., Porter, R. S., Shade, B. R. (1991). <u>Paramedic Emergency Care</u>. Englewood Cliffs, NJ: Brady.

Caroline, N. L. (1987). <u>Emergency Care in the Streets</u> (3rd ed.). Boston: Little, Brown.



Evaluation:

Field Evaluations:

80%

Case Studies:

20%





EMS 172 Field Internship II

Course Description:

This course is the continuation of the field experience. Emphasis is placed on the integration of theoretical knowledge with the realities of field-oriented patient care appropriate to the EMT-advanced intermediate.

Quarter Hour Credit:

0.5 (5 1/2 week course

Hours Per Week:

10 work experience

Prerequisites:

EMS 154, EMS 155, BIO 161

Corequisites:

EMS 157, EMS 162, EMS 254

Course Objectives:

- To develop an understanding and appreciation of the components of definitive pre-hospital diagnosis and treatment of emergency and non-emergency patients.
- To improve communications skills and interpersonal relationships with patients and EMS staff.
- To develop an understanding and appreciation of the role, capabilities and limitations of other members of the emergency medical care team.
- To assist in promoting an understanding by other medical professionals concerning the role, capabilities and limitations of paramedics.
- To further develop practical skills in patient assessment and the invasive and non-invasive techniques of patient care appropriate to the EMT-advanced intermediate (EMT-AI).
- To integrate previously developed skills and knowledge into the patient situations encountered in the pre-hospital setting.
- To function as a member of a Mobile Intensive Care Unit by:



- a. developing familiarity with the emergency medical care team's role and operation in the field setting.
- b. becoming familiar with the supplies and equipment available on a MICU.
- c. providing basic and advanced life support according to accepted protocols based on assessment and recognition of the patient's problem.
- d. becoming familiar with the various forms of communication and reporting used in the pre-hospital setting.

Blesdoe, B.E., Porter, R. S., Shade, B. R. (1991). <u>Paramedic Emergency Care</u>. Englewood Cliffs, NJ: Brady.

Caroline, N. L. (1987). <u>Emergency Care in the Streets</u> (3rd ed.). Boston: Little, Brown.

Evaluation:

Field Evaluations:

80%

Case Studies:

20%



EMS 273 Field Internship III

Course Description:

This course applies all the theoretical knowledge and the basic and advanced life support skills of the EMS curriculum to the field care of the patient appropriate for the EMT-paramedic.

Quarter Hour Credit:

1

Hours Per Week:

10 work experience

Prerequisites:

EMS 255, EMS 257

Corequisites:

EMS 263

Course Objectives:

- To develop an improved understanding and appreciation of the components of definitive pre-hospital diagnosis and treatment of emergency and non-emergency patients.
- To perfect communications skills and interpersonal relationships with patients and EMS staff.
- To develop an understanding and appreciation of the role, capabilities and limitations of other members of the emergency medical care team.
- To assist in promoting an understanding by other medical professionals concerning the role, capabilities and limitations of paramedics.
- To further develop practical skills in patient assessment and the invasive and non-invasive techniques of patient care appropriate to the EMT-paramedic.
- To integrate previously developed skills and knowledge into the patient situations encountered in the pre-hospital setting.
- To function as a member of a Mobile Intensive Care Unit by:



- a. developing familiarity with the emergency medical care team's role and operation in the field setting.
- b. becoming familiar with the supplies and equipment available on a MICU.
- c. providing basic and advanced life support according to accepted protocols based on assessment and recognition of the patient's problem.
- d. becoming familiar with the various forms of communication and reporting used in the pre-hospital setting.

Blesdoe, B.E., Porter, R. S., Shade, B. R. (1991). <u>Paramedic Emergency Care</u>. Englewood Cliffs, NJ: Brady, 1991.

Caroline, N. L. (1987). <u>Emergency Care in the Streets</u> (3rd ed.). Boston: Little, Brown.

Evaluation:

Field Evaluations: 80%

Case Studies: 20%





BIO 160 Anatomy and Physiology I

Course Description:

A study of the structures and functions of the skeletal, muscular, reproductive, urinary, and endocrine systems of the human body. Basic principles and concepts of microbiology and chemistry are integrated as they relate to physiology and the study of pathophysiology.

Quarter Hour Credit:

6

Hours Per Week:

5 class2 lab

Prerequisites:

None

Corequisites:

None

Course Objectives:

Upon successful completion of this course, the student will be able to:

- · Define terminology used in basic anatomy and physiology.
- · Identify the structures within a representative cell.
- Explain ways in which the human body protects itself from disease.
- Relate the study of microbiology to normal and abnormal functions of the body.
- Relate the study of chemistry to normal and abnormal functions of the body.
- Describe the structure and function of the integumentary system and identify its parts.
- · Describe the structure function of the musculoskeletal system.
- Demonstrate a knowledge of the structure, and function of the male and female reproductive systems.
- Identify hormones produced by each of the endocrine glands and their functions.



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Structure and Function, 8th Ed., Thebodeau, Mosby, 1987.

Human Anatomy and Physiology, 5th Ed., J. Hole, W.C. Brown, 1990.

Evaluation:

Class Examinations:

80%

Final Examination:

20%

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BIO 160 Anatomy and Physiology I Course Outline

```
General Plan of Human Body
   Living matter
       Basic substance - protoplasm
       Structural unit - cell
   Life processes and reactions to cells
       Respiration
       Nutrition
       Excretion
       Growth
       Movement
       Irritability
       Reproduction
   Genetics
       Genes
       Cell differentiation in human embryo
   Organization of body
       Cells
       Tissues
       Organs
       Systems
   Body directions - terminology
  Body divisions
Microbiology and Immunology
  Microbiology
      Algae
      Fungi
      Protozoa
      Bacteria
      Parasites and viruses
  Immunity
      Natural
      Acquired
```



Active

Passive

Immunizing agents

Vaccines

Serums

Chemistry, Matter, and Life

Fundamental units of matter

Atoms and molecules

Elements

Compounds

Mixtures

lons and electrolytes

Acids and bases

Chemistry of living matter

Amino acids

Integumentary System

Skin

Accessory organs

Skeletal System

Function

Structure

Divisions

Axial

Appendicular

Bones

Axial skeleton

Appendicular skeleton

Joints, ligaments, bursae

Ossification

Muscular System

Structure

Function

Types of muscle tissue

Characteristics of muscle tissue

Skeletal muscle structure



Organization of skeletal muscles
Antagonist, agonist
Prime mover - synergists

Types of body movement accomplished by muscle contraction Types of contraction

Reproductive System

Function

Male organs

Female organs

Menstruation

Menopause

Urinary System

Functions

Excretion

Homeostasis

Organs

Kidney

Ureters

Urinary bladder

Urethra

Endocrine System

Glands

Exocrine

Endocrine

Endocrine glands and hormones

Pituitary

Thyroid

Parathyroid glands

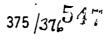
Adrenals

Pancreas

Gunads

Thymus

Pineal





BIO 161 Anatomy and Physiology II

Course Description:

A continuation of Anatomy and Physiology I. Structures and functions of the circulatory, respiratory, digestive, and nervous systems of the human body are studied. Basic principles of microbiology and chemistry are integrated as they relate to physiology and the study of pathophysiology.

Quarter Hour Credit: 6

Hours Per Week: 5 class 2 lab

Prerequisites: None Corequisites: None

Course Objectives:

Upon successful completion of this course, the student will be able to:

- Describe the function of the respiratory system and identify its parts.
- Describe the function of the circulatory system and identify its parts.
- Identify the parts of the digestive system and accessory organs on a diagram.
- Describe the changes in ingested food as it passes through the digestive system to elimination.
- Classify the organs of the nervous system into central and peripheral divisions.
- Compare and contrast the sympathetic and parasympathetic divisions of the autonomic nervous system.
- Identify the sequence of events involved in the transmission of a nerve impulse.



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Structure and Function, 8th ed., Thebodeau, Mosby, 1987.

Human Anatomy and Physiology, 5th ed., J. Hole, W.C. Brown, 1990.

Evaluation:

Class Examinations:

80%

Final Examination:

20%



BIO 161 Anatomy and Physiology II Course Outline

Respiratory System

Respiration Internal External

Organs Nose

Sinuses

Pharynx

Larynx Trachea

Bronchi, bronchioles

Lungs Alveoli

Lung cavities

Physiology of respiration Inspiration Expiration Pressures

Control of breathing

Pulmonary functions studies
Rate
Tidal volume
Inspiratory reserve
Expiratory reserve
Vital capacity

Circulatory System

Organs
Heart
Coverings
Chambers
Valves



Flow of blood through heart
Electrical conduction system
Cardiac cycle
Blood
Cells or elements
Plasma
Clotting mechanisms
Blood types
Blood vessels
Lymphatic system

Arteries

Aorta

Ascending
Iliac arteries
Subclavian arteries
Common carotid

Veins

Superficial veins Deep veins Vena cava

Role of circulatory system in regulating body temperature

Digestive System

Functions

Organs

Mouth

Pharnynx

Esophagus

Stomach

Small intestines

Large intestines

Accessory organs of digestion

Process of digestion

Nervous System

Functions

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Coordination Control

Divisions

Central nervous system Peripheral nervous system Autonomic nervous system

Neurons and nerves

Brain

Spinal cord

Cranial nerves

Spinal nerves

Autonomic nervous system
Functions
Divisions
Sympathetic nervous system
Parasympathetic nervous system

Eye

Structural protection Eyeball

Ear

Functions Parts

PSY 160 Introduction to Psychology

Course Description:

An introductory course which covers the basic concepts of psychology as employed by the major theorists and the practical and therapeutic application of these concepts.

Quarter Hour Credit:

5

Hours Per Week:

5 class

Prerequisites:

None

Corequisites:

None

Course Objectives:

Upon successful completion of this course, the student should be able to:

- define psychology and compare its goals, controversies, and methods of experimentation.
- differentiate between the control and flow of information within the nervous system and the computer.
- explore the relative contributions of heredity and environment to genetic research.
- differentiate between perception and sensation and concepts common to both.
- understand the basic principles of learning and factors which can influence the learning process.
- differentiate between descriptive and inferential statistics.
- differentiate between the cognitive processes of reasoning, problem solving, and language.
- explain the influences on motivational behavior.



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- · understand the emotional impact of anxiety, frustration, and aggression.
- · correlate the factors which influence the social and emotional development of the infant, child, and adult.
- · differentiate between personality and schizophrenic disorders.
- · differentiate between mental health and psychopathology.
- · describe and explain the social considerations affecting human behavior.

Bourne, Lyle E., and Ekstrand, Bruce R. Psychology: Its Principles and Meanings. 5th Edition, Holt, Rhinehart and Winston, 1985.

Evaluation:

Class Examinations: 80% Final Examination:

20%



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CAS 160 Introduction to Microcomputers

Course Description:

This course concentrates on the knowledge and skills needed to operate a microcomputer. Upon completion of this course, students should be able to operate the keyboard, floppy disk, and line printer; use operational commands; use sample software packages for word processing, spreadsheets, and file management. Microcomputers will be used for practice exercise.

Quarter Hour Credit:

Hours Per Week:

3 class 4 lab

Prerequisites:

None

Corequisites:

None

Course Objectives:

Upon successful completion of this course, the student should be able to:

- · operate a keyboard
- · use floppy disk and line printer
- use operational commands
- · enter data and interpret output for selected business data processing applications.

Suggested Texts:

Using Microsoft Works on the Macintosh, P. Yasuda, Mitchell, 1987.

Using Microsoft Works on the IBM-PC, P. Yasuda, Mitchell, 1989.

Evaluation:

Exercises:

40%

Class Examinations:

40%

Final Examination:

20%



BUS 260 Personnel Management and Finance

Course Description:

This course explores the problems of personnel management in public and private organizations. Basic principles of supervision and management are presented. Financial aspects of management including acquisition of funds, capital management, and budgeting are considered.

Quarter Hour Credit:

5

Hours Per Week:

5 class

Prerequisites:

None

Corequisites:

None

Course Objectives:

- Identify management styles and positions.
- Define basic management functions.
- Identify barriers to effective performance.
- · Identify barriers to effective communication.
- · Identify patterns of leadership style.
- Conduct a simulated employee selection interview.
- Identify common approaches to employee performance appraisal.
- Identify fair and effective disciplinary action.
- Define operating budget, capital budget, and cash budget.
- Discuss billing practices currently utilized and collection methods.

McConnell, Charles R., <u>The Effective Health Care Supervisor</u>, Aspen Publishers.

Metzger, Health Care Supervisor's Handbook, Aspen, 1988.

Evaluation:

Class Examinations:

80%

Final Examination:

20%





BUS 260 Personnel Management and Finance Course Outline

Organizational Management

Nature of the Organizations

Implications For Supervision

The Nature of Supervision

The Basic Management Functions

The Nature of Delegation

Time Management

Personnel Management

Interviewing

Communicating On A One To One Basis

Barriers To Effective Communication

Employee Motivation

Performance Appraisal

The Problem Employee

The Nature of Change

Financial Management

The Cost of Doing Business

Budgeting

Billing





MAT 170 College Algebra

Course Description:

This course is designed to prepare students for study in the fields of mathematics, business, science, and engineering. Topics include real numbers, basic algebraic operations, equations and inequalities, functions and graphs, and exponential and logarithmic functions.

Quarter Hour Credit:

5

Hours Per Week:

5 class

Prerequisites:

None

Corequisites:

None

Course Objectives:

At the completion of this course the student should be able to:

- Perform arithmetic operations with polynomials, algebraic fractions, and complex numbers.
- Simplify complex fractions and radicals.
- Simplify and evaluate powers having rational exponents.
- Solve linear and quadratic equations.
- Use a computer or calculator to approximate the solution to solvable equations.
- Solve equations and inequalities involving absolute value expressions.
- Solve word problems which can be modeled by a linear or quadratic equation.
- Use symmetry and translation to sketch the graphs of given functions.



- Find real and complex roots of polynomial functions.
- Graph and solve exponential and logarithmic functions.

Aufman, Richard N., Vernon C. Barker, and Richard D. Nation, Jr., College Algebra and Trigonometry, Houghton-Mifflin Company, Boston, 1990.

Lial, Margaret, and Charles D. Miller, and David Schneider, <u>College</u> <u>Algebra</u>, Scott Foresman and Company, Boston, 1989.

Evaluation:

Class Examinations: 80% Final Examination: 20%





MAT 170 College Algebra Course Outline

Basic Algebra Operations

Real number properties and operations

Polynomials: basic operations

Factoring

Rational expressions: basic operations

Integer exponents

Radicals

Rational exponents

Equations and Inequalities

Equations and inequalities

Applications of linear equations and inequalities

Formulas and literal equations

Absolute value in equations and inequalities

Complex numbers

Quadratic equations and inequalities

Polynomial and rational inequalities

Equations reducible to quadratic form

Radical equations

Applications

Graphs and Functions

Basic tools; relations

Straight lines

Functions

Linear and quadratic functions

Aids to graphing functions

Operations on functions; composition

Inverse functions

Variation

Mathematical models



Systems of Equations and Inequalities

Systems of linear equations in two and three variables

Nonlinear systems

Problem-solving applications

Determinants and Cramer's Rule
Inconsistent and dependent systems

Linear inequalities in two variables *WPC

Systems of linear inequalities

Linear programing



ENG 170 English Composition

Course Description:

This is a course in standard usage of the English language and a study of the rhetoric of expository writing. Emphasis is placed on the reading and the writing of essays.

Quarter Hour Credit:

5

Hours Per Week:

5 class

Prerequisites:

None

Corequisites:

None

Course Objectives:

Upon successful completion of this course, the student will be able to:

- write an effective paragraph that is unified, coherent and complete.
- write a five paragraph theme that contains an explicit statement of thesis within the introductory paragraph, a viell-organized and well-developed discussion of that thesis within its three paragraph body, and a logical conclusion to the thesis and discussion in the fifth and final paragraph.
- recognize the purpose of any given essay and to locate the thesis statement of that essay.
- identify and to explain the pattern of organization of any given essay.
- discuss the diction of a given essay in terms of connotation, appropriateness, and level.
- use standard English grammar in all compositions.



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Harbrace College Handbook, Harcourt Brace Jovanovich, 1990.

Evaluation:

Writings:

80%

Final Examination:

20%



ENG 271 Cral Communications

Course Description:

This course deals with the effective use of language through the development and improvement of oral communication skills.

Quarter Hour Credit:

5

Hours Per Week:

5 class

Prerequisi*es:

None

Corequisites:

None

Course Objectives:

Those students who successfully complete this course should be able to:

- use various methods, such as questioning to generate ideas.
- discriminate between opinion and fact and between opinion and inference and use each appropriately in oral communication.
- recognize logical relationships and processes, such as causation, comparison and contrast, classification, and analysis and use them to accomplish specific purposes.
- participate productively in both large and small group discussions.
- speak clearly and concisely, adapting style to the intended audience and purpose, and following the conventions of grammar, sentence structure, and other essentials that make meaningful communication possible.

Suggested Texts:

<u>Understanding and Sharing</u>, Pearson,4th Ed., W.C. Brown Publishing, 1988.



Hodges, John C. and Whitten, Mary E., <u>Harbrace College Handbook</u>, 10th Ed., Harcourt Brace Jovanovich Publishers, 1986.

Hunt, Douglas, The Dolphin Reader, Boston, Houghton-Mifflin, 1986.

Evaluation:

Class presentations: 60%
Class Examinations: 20%
Final Examination: 20%

ENG 271 Oral Communications Course Outline

Basic Verbal Skills

Importance of Using Correct

Grammar

Sentence structure

Form

Using Facts and Reasons to Support Main Ideas

Organizing Supporting Facts and Reasons in Logical Order

Using Proper Transitions

Communicating to Others

By Group Discussions

Learning To participate

Developing skills

Expressing Ideas Learned From

Essays

Questioning



CHAPTER V

Chapter V

GUIDELINES FOR PROGRAM IMPLEMENTATION AND SUPPORT

In developing the guidelines presented here for program implementation, consideration was given to the accreditation standards of the Southern Association of Colleges and Schools and those of the Joint Review Committee on the Educational Programs for the EMT-Paramedic. In addition, guidelines established by the State Board of Community Colleges have been incorporated.

Instructional Faculty

The success and effectiveness of any educational program depend in large measure on a competent, committed faculty. The Department of Community Colleges urges all institutions within the System to hire well-prepared, competent, motivated faculty. In keeping with accreditation standards of the Southern Association of Colleges and Schools and those of the Joint Review Committee on Educational Programs for the EMT-Paramedic, faculty in an Emergency Medical Science program should be qualified through academic preparation and experience to teach the courses to which they are assigned. In addition, the State Board of Community Colleges recommends that faculty members possess: (a) knowledge about the nature and role of the Community College System and the system of comprehensive institutions within the state, (b) the ability to work with students in the setting of ligher education, and (c) a willingness to meet the needs of a diversity of students as well as those of the community.



Program Director

The program director of an Emergency Medical Science program should have at least the equivalent academic preparation and credentials for which the students are being prepared. In the event that the program director is not an EMT-paramedic, preparation and training equivalent to that of a paramedic should be demonstrated by comparable credentials. In addition, the program director should have preparation and experience in teaching and educational evaluation and be knowledgeable in educational administration.

Instructors

Emergency Medical Science instructors should have a current clinical background and the appropriate expertise to teach the topics which they are assigned. In addition, they should have sufficient expertise in educational methodology to be able to implement the objectives of the curriculum, employ instructional methodologies appropriate to the material and the student population, and evaluate student learning. The number of faculty should be consistent with the needs of the program and of such a number that the student is presented with a diversity of outlooks and approaches from practicing health care professionals. A system of evaluation should be in place which monitors the continuing expertise of each faculty member in the rapidly changing and expanding field of emergency medical care.

Clinical Faculty

Clinical faculty, if employed in addition to instructional faculty, should have clinical expertise demonstrated by current license or



certification and clinical experience appropriate to their areas of clinical supervision. The number of faculty should be consistent with the needs of the program and the requirements of the affiliate clinical agencies. A system of evaluation should be in place which monitors the continuing effectiveness of the supervision provided by clinical faculty members.

Medical Director

Each program should have a licensed physician as medical director. This individual should be qualified through current experience in the emergency care of acutely ill and injured patients. The medical director should be responsible for review of the medical content of the educational curriculum and evaluation of the quality of medical instruction and clinical supervision. The medical director should review the progress of each student in the program and should attest to each student's medical competence prior to graduation.

Advisory Committee

An Emergency Medical Science advisory committee acts to link the educational program with the profession, employers, and the community. It is required in the Curriculum Application process that an advisory committee be established. While the institution is ultimately responsible for curriculum planning and implementation and the administration of programs, these committees, in their advisory capacity, may make recommendations and counsel program directors and faculty in the areas of student recruitment, curriculum, resources, and facilities. From their positions outside the program



they are able to offer guidance in the areas of clinical opportunities, employment requirements, and job opportunities.

Membership on the advisory committee should include representation from: (a) paramedic employers, (b) physicians, (c) recent program graduates, and (d) educators. Appointments to the advisory committee should be made so as to ensure continuity while providing for an infusion of new ideas on a regular basis. The procedure for appointment remains with the institution. The program director, faculty, the medical director, and select institutional staff should participate in advisory committee meetings as non-voting members so as to provide information to the committee and receive the advise and guidance of the committee.

Student Policies

The Emergency Medical Science program within the Community College System should have written student policies specific to the program. These policies should be in addition to those of the institution and should inform the student of program admission requirements, enrollment procedures, evaluation procedures, essentials for progression, and graduation requirements.

Admissions

Development of specific admission requirements for Emergency Medical Science programs are the responsibility of the program administration, faculty and the administration of each institution. Such requirements as may be developed are approved by the Board of Trustees of each institution before implementation. The following



admission requirements are presented as a guide for the development of a program's specific requirements.

High school diploma or the equivalent
Pass the math and reading entry exams
Medical examination
Possession of a valid driver's license
Interview with the program director and the medical director
Written character references

Institutions may provide developmental programs or resources for applicants who fail to meet basic institutional or program admissions requirements or for admitted students who require strengthening in certain academic areas.

Enrollment

Enrollment in Emergency Medical Science programs is limited by physical and financial resources, available faculty, and job opportunities for graduates. In determining the number of students to be enrolled at any one time, institutions and program administrators should give consideration to these factors as well as local concerns which would affect the ability to provide quality education.

Evaluation

A system should be in place which evaluates students on a regular basis and with sufficient frequency to provide both the student and the faculty member with the means to determine progress towards achieving course objectives and outcome competencies. Such a system should ensure that students experiencing difficulty during the quarter in the classroom, laboratory, clinical facility, or work

environment are identified and provided with additional academic support.

In order to meet accreditation essentials, methods used to evaluate student progress in these four areas must be valid assessment instruments and undergo periodic review to ensure continued validity. When necessary, tests and other evaluation instruments must be revised and updated (JRCEMT-P, 1989). Sample clinical evaluations tools developed by Wake Technical College and by the writer and a sample field internship evaluation tool developed by the writer are included in Appendix E and F.

Each Emergency Medical Science program should have in place a system of evaluation which examines the cumulative progress of each student for the quarter in order that a determination can be made as to whether it is appropriate for the student to continue in the program. This evaluation may be the responsibility of the program faculty or a committee of the institution. Guidelines for this evaluation should be written and provided to the student upon admission.

Progression

While the curriculum presented in this manual is designed to culminate in the awarding of the degree to the EMT-paramedic student, the course progression is such that students complete North Carolina training requirement for various levels of EMT certification at particular points throughout their course of study.



EMT

Certification of the EMT requires the completion of a training program approved by NC OEMS with the following minimum contact hours:

Class & laboratory 100 hours Hospital observation 10 hours

These requirements are satisfied by completing EMS 151 and EMS 152 during the first quarter of the curriculum.

EMT-Defibrillation

Certification of the EMT-D requires the completion of a training program approved by NC OEMS with the following minimum contact hours above the EMT:

Class & laboratory

13 hours

These requirements are satisfied by completing the first two quarters of the curriculum. Additional requirements for an EMT-D training program can be found in Appendix K.

EMT- Intermediate

Certification of the EMT-I requires the completion of a training program approved by NC OEMS with the following minimum contact hours above basic EMT:

Class & laboratory 50 hours Hospital clinical 24 hours Field internship 24 hours

These requirements are satisfied by completing the first three quarters of the curriculum. Additional requirements for an EMT-intermediate training program can be found in Appendix H.



EMT- Advanced Intermediate

Certification of the EMT-Al requires the completion of a training program approved by NC OEMS with the following minimum contact hours above EMT-intermediate:

Class & laboratory 80 hours Hospital clinical 72 hours Field internship 72 hours

These requirements are satisfied by completing the first five quarters of the curriculum. Additional requirements for an EMT-advanced intermediate training program can be found in Appendix J.

EMT-Paramedic

Certification of the EMT-P requires the completion of a training program approved by NC OEMS with the following minimum contact hours above EMT-intermediate:

Class & laboratory 262 hours Hospital clinical 116 hours Field internship 80 hours

These requirements are satisfied by completing all seven quarters of the curriculum. Additional requirements for an EMT-paramedic training program can be found in Appendix I.

Graduation

An Associate in Applied Science (A.A.S.) degree is awarded to each student who successfully completes the curriculum requirements for graduation of the Emergency Medical Science program at the enrolling institution.

Certification of Graduates

Emergency medical technicians at all levels are currently required to obtain North Carolina certification in order to practice.



There is currently no fee for North Carolina EMT certification at any level.

Certification requirements for the EMT-paramedic, EMT-advanced intermediate, and EMT-intermediate are found in the North Carolina Administrative Code T21: 32H .0500 02/22/90 (see appendix D).

Registration as an EMT-paramedic, EMT-intermediate, or EMT is also available through the National Registry of Emergency Medical Technicians. EMT-P and EMT-I registration requires the payment of a fee and the successful completion of a written and practical examination administered by the National Registry. EMT registration requires the payment of a fee and the successful completion of a written examination administered by the National Registry and a practical examination administered by the state. National Registry registration will substitute for the initial examination procedures required for state certification at these levels.

Physical Resources

<u>Facilities</u>

The institution which operates as part of the Community College System and offers the Emergency Medical Science program is responsible for providing classrooms, laboratories, and offices for faculty and administration which are appropriately located for instruction and adequate to meet the educational objectives of the program. Program accreditation essentials require that these facilities have sufficient space to accommodate the number of students and faculty associated with the program at any particular time. An ongoing evaluation of program facilities is necessary to

ensure the adequacy of the facilities to meet accreditation standards and the requirements of the program for the provision of quality education.

Each college is responsible for meeting state and federal standards for the health and safety of students and employees.

Equipment and Supplies

The college which operates as part of the Community College System and offers the Emergency Medical Science program is responsible for providing instructional equipment and supplies which are appropriate and adequate to meet the educational objectives of the program. Program accreditation essentials require that equipment be consistent with the needs of the curriculum and adequate for the number of students enrolled. An ongoing evaluation of program equipment and supplies is necessary to ensure that the equipment is state of the art and functional as to meet accreditation standards and the requirements of the program for the provision of quality education. A sample equipment list is included in Appendix P.

Library Resources

Library resources should be readily accessible to the students and faculty. Library resources should include current EMT and medical books and periodicals, scientific books, audiovisual materials, other self-instructional resources, and reference materials. An ongoing evaluation of library resources is necessary to ensure that the collection is current and that provisions are made for the acquisition of additional resources as to meet accreditation standards and the

requirements of the program for the provision of quality education. A suggested list of books and journals is included in Appendix Q.

Textbooks and References

The course descriptions for the courses in the curriculum developed for this project include suggested texts. From these lists, current in 1991, Emergency Medical Science instructors should be able to select textbooks and reading appropriate to meet the learning objectives for each course.

Professional Associations

National and state organizations for emergency medical technicians are important to the continuing professional development of the EMT-paramedic. They also serve as sources of information and provide contacts in EMS for faculty and graduates of Emergency Medical Science programs.

The National Association of Emergency Medical Technicians is a national, professional, membership organization. General membership is open to all state and national emergency medical technicians at all levels of certification, as well as, EMS instructors and administrators. Speciality organizations which come under the umbrella of the parent organization include those for EMT-paramedics, instructor/trainers, and administrators. The organization holds an annual educational conference in May or June. Members receive the *NAEMT News* six times annually. Contact: NAEMT, 9140 Ward Parkway, Kansas City, MO 64114.

Nationally, professional organization exists whose focus is a speciality of EMS. Some of these organizations are:



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National Flight Paramedics Association National Association of Search and Rescue National Association of State EMS Directors National Council of State EMS Training Coordinators

North Carolina Paramedic Association is a new, professional, membership organization open to North Carolina paramedics working or residing in the state. It holds state membership meetings centrally several times each year.

North Carolina Association of EMTs is a professional, membership organization open to the individual who holds any level of certification at the state or national level. The organization holds an annual conference in late summer. Members receive a newsletter.

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APPENDIXES



Appendix A

TASKS

A.	A-1 A-2	n Patient Assessment Conduct scene survey Perform primary survey Perform secondary survey Reevaluate patient status	EMT EMT EMT EMT
B.	B-1 B-2 B-3 B-4 B-5 B-6 B-7 B-8 B-9	Administer oxygen Immobilize the spine Perform cardiopulmonary resuscitation Control bleeding Treat for shock Obtain vital signs Treat medical emergencies Treat traumatic emergencies Treat environmental emergencies Utilize basic life support equipment on Category I Ambulances	EMT EMT EMT EMT EMT EMT EMT EMT EMT
	B-13 B-14	Provide psychological support Provide information to patient/family Intervene in crisis situations Administer syrup of Ipecac	EMT EMT EMT EMT
C	C-1 C-2 C-3 C-4 C-5 C-6 C-7 C-8 C-10 C-11 C-12	Perform endotracheal intubation Perform cricothyroidotomy Perform pleural decompression Obtain electrocardiogram Interpret electrocardiogram Perform direct current (DC) countershock with automatic or semi-automatic defibrillator Perform direct current (DC) countershock with manual defibrillator Perform external cardiac pacing Obtain venous blood sample Establish peripheral venous access Perform interosseous infusion	EMT-I EMT-P EMT-P EMT-D EMT-AI EMT-AI EMT-AI EMT-I EMT-I EMT-P
	C-13	Administer medications on EMT-Intermediate formulary Administer medications on EMT-Advanced Intermediate formulary	EMT-I EMT-AI
	C-16 C-17	Administer medications on EMT-Paramedic formulary Perform gastric lavage Utilize advanced life support equipment on EMT-Intermediate performance list	EMT-P EMT-I EMT-I
	U-18	Utilize advanced life support equipment on EMT-Advanced Intermediate performance list	EWI-AI



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	C-19	Utilize advanced life support equipment on	EMT-P
D.	Follow	EMT-Paramedic performance list Perform urinary catheterization Infection Control Procedures	ЕМТ-Р
	D-1 D-2		EMT EMT
	D-3	Dispose of contaminated material properly	EMT
	D-4 D-5	Sanitize and disinfect unit and equipment Report significant exposure	EMT EMT
E.		nate Rescue Efforts, Gain Access, and Extricate	
	E-1 E-2	Protect self Protect patient	EMT EMT
		Identify equipment and manpower needs	EMT
	E-4	Utilize rescue equipment	EMT
		Establish or function within an incident command system	EMT
F.	Comm F - 1	unicate Develop professional rapport	EMT
	F-2	Relay patient information	EMT
	F-3 F-4	Communicate with special populations Operate communication equipment	EMT EMT
_			2.777
G	G-1	y Professionalism Comply with federal, state, and local rules, regulations, and guidelines	EMT
	G-2	Continue professional development	EMT
	G-3 G-4	Protect confidentiality Respect others	EMT EMT
	G-5	Demonstrate ethical behavior	EMT
		Adhere to dress code	EMT
	G-8	Maintain personal hygiene Provide public education	EMT EMT
H.	Operat	te Emergency Vehicle	
	п-1 H-2	Inventory vehicle equipment Apply occupant restraints	EMT EMT
	H-3	Choose route	EMT
		Drive vehicle Position vehicle	EMT EMT
			CIALL
١.	Docum	nent Actions Complete ambulance call reports	EMT
	1-2	Complete incident/accident reports	EMT
	1-3	Complete daily activity log	EMT
	1 - 4 1 - 5	Complete supplemental forms Record acceptance, transfer, and use of	EMT-P
	_	controlled substances	
J.		for Physical and Psychological Well-Being	
	J-1 J-2	Participate in physical fitness activities Apply principles of body mechanics to	EMT EMT
	U "	lifting and moving patients and equipment	
	J - 3	Recognize stress and institute interventions	EMT

K. Coordinate Mass Casualty Incident Notify communications center K-1 **EMT** Establish command center K-2 **EMT** K-3 Establish interagency communications **EMT** K-4 Perform patient triage **EMT** K-5 Establish treatment area **EMT** Establish staging area K-6 **EMT** Request equipment and manpower resources Coordinate patient transport K - 7 **EMT** K-8 **EMT** Coordinate perimeter security and scene safety K-9 **EMT** K-10 Critique incident **EMT**

APPENDIX B

EMERGENCY MEDICAL TECHNICIAN-PARAMEDIC: Provides basic and advanced life support and

B 9 Provide psychological supportualient education transportation for the sick and injured in the pre-hospital setting. C-8 Use advanced his support equipment as needed B-B Use basic Me support equipment as needed 8-7 Treat medical, traumatic and environmental emergencies E.7 Identity potential crowd problems D 7 Update knowledge of infectious diseases C.7 Perform nasogastric lavage D 6 Initiate follow-up with hospital and seek keakment if necessory C:6 Administer medications E 6 Identify and secure crime acenes B-6 Monitor vital signa D-5 Dispose of contaminated material property C 6 Provide investve therapy E:5 Identity mechanism of Injury B 5 Trest for shock (USe anti-shock frousers) C-4 Draw blood for analysis E-4 Identity and request appropriate external resources D 4 Observe aseptic techniques in all procedures 8-4 Control bleeding E 3 Establish safaty permeter and evacuate accordingly D 3 Unitze profective equepment as indicated for self and patternt A-3 Perform systematic physical assessment C-3 Perform defforifiation and cardioversion B-3 Perform CPR E:2 Identity means of entry and exit D-2 Sanitze and disinfect unit and equipment as needed C:2 Monitor and interpret electrocardiogram B-2 Immobilise Bee spine A-2 Conduct objective Interview D 1 Mairitan good personal hygiene E.1 Klarithy safety and personal hazads (e.g. threatetys weather conditions, hazardous materials) B-1 Manage and maintain anway (oxygen thatapy) C:1 Parlorm advanced airway management A-1 Conduct subjective eveluation RENDER CARE AT THE ADVANCED LIFE SUPPORT LEVEL FOLLOW INFECTION CONTROL PROCEDURES PEHFORM RAPID SYSTEMATIC ASSESSMENT AND DETERMINE APPROPRIATE TREATMENT ASSESS GENERAL SURROUNDINGS AND UTILIZE EXTERNAL RESOURCES . RENDER CARE AT THE BASIC LIFE SUPPORT LEVEL .

 $\frac{2}{2}$

G-7 Perform public relations work

G 6 Communicate with special populations (e.g. fhose with language berriets and handicaps)

G.5
Retate pertinent patient information to medical control using correct medical terminology.

G-4 Organize and complete (when leasible) pahent whomakon before contacting medical control

G 3 Develop patient repport

G 2 Makitaki partnership ripport

G-1 Speak clearly and concessly

COMMUNICATE EFFECTIVELY

Ö

F-5 Perform and coordinate hazardous environment(s) rescue

F.4 Use rescue equipment

F.3 Anayta equipment and manpower needs

F.2 Protect the pettern from Injury

F-1 Protect him/herself

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Higher Order Task

May 11, 1989 Guilford Technical Community College DACUM PROJECT SPONSORED BY

Robin Brewington, DACUM Facilitator George Andarson, DACUM Recorder

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Donald Bailey, EMT-Paramedic, Forsyth County EMS, Winston-Salem John A. Baker, EMT-Paramedic, Forsyth County EMS, Winston-Salem Dennis Barnette, Reserve Officer, Surry County EMS, Mt. Airy Thomas A. Cheek, Paramedic-Crew Chief, Guilford County EMS, Greensboxo George S. Nettles, Paramedic-Crew Chief, Guilford County EMS, Greensboro Deborah E. Runyans, EMT-Paramedic, Alamance County EMS, Graham Scott Sodink, EMT-Paramedic, Randolph County EMS, Asheboro Sammy Walkins, EMT-Paramedic, Alamance County EMS, Graham Donna Murray Allen, EMT-Paramedic, Rockingham County EMS, Eden Philip B. Flynt, EMT-Paramedic, Randolph County EMS, Asheboro Kirk R. Killon, EMT-Paramedic, Surry County EMS, Mt. Arry Phyllis Moore, EMT-Paramedic, Rockingham County EMS, Eden

Margaret Cain, OBE Specialist, Guillord Technical Community College with assistance from Mary Wost, Department Chair, Emergency Medical Science Coordinated by:

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APPENDIX C

Essentials and Guidelines

for an Accredited Educational Program

Essentials initially adopted 1978; Revised in 1989 Adopted by the

American College of Emergency Physicians American College of Surgeons American Society of Anesthesiologists

Hational Association of Emergency Medical Technicians

National Registry of Emergency Medical Technicians

American Medical Association

The Committee on Allied Health Education and Accreditation (CAHEA) grants accreditation to programs for the Emergency Medical Technician-Paramedic upon the recommendation of the Joint Review Committee on Educational Programs for the Emergency Medical Technician-Paramedic (JRCEMT-P).

These Essentials are the minimum standards of quality used in accrediting programs that prepare individuals to become Emergency Medical Technician-Paramedics. The extent to which a program complies with them; standards determines its accreditation status; the Essentials therefore constitute the minimum requirements to which an accredited program is held accountable. Essentials are printed in regular typeface in outline form.

The Guidelines accompanying the Essentials provide examples intended to assist in interpreting the Essentials. Guidelines are printed in italic typeface in narrative form.

Sections I and III of these Essentials are common to all educational programs accredited by CAHEA. Section II contains the specific requirements for preparing Emergency Medical Technician-Paramedics.

Preamble

Objective

The American College of Emergency Physicians, the American College of Surgeons, the American Society of Anesthesiologists, the National Association of Emergency Medical Technicians, the National Registry of Emergency Medical Technicians, and the American Medical Association cooperate to establish, maintain, and promote appropriate standards of quality for Emergency Medical Technician-Paramedic educational programs and to provide recognition for educational programs which meet or exceed the minimum standards outlined in

these Essentials. Lists of accredited programs are published for the information of students, employers, educational institutions and agencies, and the public.

These standards are to be used for the development, evaluation, and self-analysis of Emergency Medical Technician-Paramedic programs. On-site review teams assist in the evaluation of a program's relative compliance with the Essentials.

Section 1: General Requirements for Accreditation

A. Sponsorship

The sponsoring institution of an EMT-Paramedic program shall be an accredited postsecondary educational institution, such as a university, senior college, community college, vocational school, technical school, or adult educational center, or an appropriately accredited medical institution with adequate resources and dedication to educational endeavors.

Sponsorship may include educational programs sponsored by the United States Mili-

tary which are appropriately associated with an accredited medical facility. Medical institutions should be accredited by the Joint Commission on Accreditation of Healthcare Organizations or meet comparable standards. Educational institutions should be appropriately accredited by recognized regional accrediting associations for higher education, or have state licensure which assures comparable educational standards.



B_ Resources

1. Personnel

a. Administrative Personnel

- (1) Program Director
- (a) Responsibilities

The program shall have a full-time program director, while the program is in progress, whose primary responsibility is to the educational program and who contributes an adequate amount of time to assure the success of the program. In addition to other assigned responsibilities, the program director shall be responsible for the organization, administration, periodic review, continued development, and effectiveness of the educational program. The program director shall actively solicit and require the cooperative involvement of the medical director of the program.

(b) Qualifications or Equivalents

The program director shall have appropriate training and experience to fulfill the role as program director.

The program director should have at least equivalent academic training and preparation, and hold all credentials for which the students are being prepared in the program, or hold comparable credentials which demonstrate at least equivalent training and preparation.

The program director should have training and experience in education and evaluation and be knowledgeable in administration of education and related legislative issues for the prehospital provider.

The program director should assume ultimate responsibility for the administration of the didactic, clinical, and field internship phases of the program. It is the program director's responsibility to monitor all phases of the program and assure that they are appropriate and successful. The program director should collaborate fully with the medical director of the educational program.

(2) Medical Director

(a) Responsibilities

The program shall have an appointed medical director who must review and approve the educational content of the program curriculum and the quality of medical instruction and supervision delivered by the faculty. The medical director must routinely review each student's performance to assure adequate progress toward completion of the program. The medical director must attest that each

graduating student has achieved the desired level of competence prior to graduation.

(b) Qualifications or Equivalents

The medical director shall be a licensed physician with experience and current knowledge of emergency care of acutely ill and traumatized patients. This individual must be familiar with base station operation including communication with, and direction of, prehospital emergency units. The medical director must be knowledgeable about EMT-Paramedic educational programs and the legislative issues regarding educational programs for the prehospital EMS provider.

The medical director should be an active member of the local medical community.

b. Instructional Faculty

The faculty shall be qualified through academic preparation, training, and experience to teach the courses or topics to which they are assigned.

A program should be able to provide evidence that each instructor is thoroughly qualified to instruct students in assigned topics. Appropriate expertise in the assigned topic should be assessed prior to initial appointment to the faculty and ongoing expertise should be monitored throughout a faculty member's tenure.

2. Financial Resources

Financial resources adequate for the continued operation of the educational program shall be ensured for each class of students enrolled.

The budget should reflect sound educational priorities including those related to the improvement of the educational process.

3. Physical Resources

a. Facilities

Classrooms, laboratories, and administrative offices shall be provided with sufficient space to accommodate the number of students matriculating in the program and the supporting faculty.

b. Equipment and Supplies

Sufficient supplies and equipment to be used in the provision of instruction shall be available and consistent with the needs of the curriculum and adequate for the students enrolled.

c. Learning Resources

Library resources, related to the curriculum, shall be readily accessible to students and shall include current EMT and medical periodicals, scientific books, audiovisual and self-instructional resources, and other references.

4. Clinical Resources

- a. Clinical affiliations shall be established and confirmed in written affiliation agreements with institutions and agencies that provide clinical experience under appropriate medical direction and clinical supervision.
- b. Students shall have access to patients who present common problems encountered in the delivery of advanced emergency care in adequate numbers and in distribution by sex and age.
- c. Students shall be assigned in clinical settings where experiences are educationally efficient and effective in achieving the program's objectives.
- d. Supervision in the clinical setting shall be provided by program instructors or hospital personnel, such as nurses or physicians, if they have been approved by the program to function in such roles. The ratio of students to instructors in the clinical facilities shall be adequate to assure effective learning.
- e. A field internship shall occur within an emergency medical system which demonstrates medical accountability.

The clinical facility(ies) of the program should provide services commensurate with the type and level of practice throughout the nation and in sufficient volume and variety for the number of students receiving clinical education in each facility, and should include the operating room, recovery room, intensive care unit, coronary care unit, labor and delivery room, pediatrics, and emergency department, and include exposure to an adequate number of pediatric, obstetric, psychiatric, and geriatric patients. The clinical site should be periodically evaluated with respect to its continued appropriateness and efficacy in meeting the expectations of the program. Clinical affiliates should be accredited by or conform to the standards established by the Joint Commission on Accreditation of Healthcare Organizations.

Medical accountability exists when there is good evidence that the EMS provider is not operating as an independent practitioner, and when field personnel are under direct medical control of on-line physicians or in a system utilizing standing orders where timely medical audit and review provide for quality assurance.

The field internship experience should occur within an emergency medical service that involves EMT-Paramedics in the provision of advanced emergency medical care services and that maintains a defined program of continuing education for its personnel.

C. Students

Section 1

1. Admission Policies and Procedures

Admission of students shall be made in accordance with clearly defined and published practices of the institution. Specific academic, health related, and/or technical requirements for admission shall also be clearly defined and published. The standards and/or prerequisites must be made known to all potential program applicants.

Programs are encouraged to develop objective, success-related admission standards and/or prerequisites.

2. Evaluation

a. Evaluation of students shall be conducted on a recurring basis and with sufficient frequency to provide both the student and program faculty with valid and timely indicators of the student's progress toward and achievement of the competencies and objectives stated in the curriculum.

b. Methods

The methods used to evaluate students shall verify the achievement of the objectives stated in the curriculum. Evaluation methods, including direct assessment of student competencies in patient care environments, shall be appropriate in design to assure valid assessment of competency. Evaluation methods must be consistent with the competencies and objectives being tested.

c. Review

In order to ensure effectivene. Student evaluation, the test instruments and evaluation methods shall undergo frequent review. When appropriate, reviews must result in the update, revision, or formulation of more effective test instruments or evaluation methods.

The evaluation system should verify student achievement of the competencies and objectives. Students should have ample time to correct identified deficiencies in knowledge and/or performance prior to completion of the program.

3. Health

The program officials shall be responsible for establishing a procedure for determining that the applicants' or students' health will permit them to meet the written technical standards of the program. Students must be informed of and have access to the usual student health care services of the institution. The health and safety of students, faculty, and patients associated with educational activities must be adequately safeguarded.

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4. Guidance

Academic counseling services shall be accessible to all students.

Programs should have student guidance procedures that include documentation of regular and timely discussions with qualified faculty and counselors of student strengths, weaknesses, and progress in the program and provide evidence that students are informed of fair practices, due process with regard to admission/retention policies, unfavorable evaluations, and disciplinary policies such as those for suspension and dismissal.

5. Disclosure

- a. Accurate information regarding program requirements, tuition and fees, institutional and programmatic policies, procedures, and supportive services shall be available to all prospective students and provided to all enrolled students.
- b. There shall be a descriptive synopsis of the current curriculum on file and available to candidates and enrolled students.
- c. There shall be a statement of course objectives, copies of course outlines, class and laboratory schedules, clinical and field internship experience schedules, and teaching plans on file and available.

Every program should make documents available (catalogue, brochure, bandbook) which clearly and accurately describe the course of instruction and the requirements for graduation. These materials should also describe all costs to be borne by the student and all services to which the costs entitle the student. Student travel and transportation requirements should be clearly stated. Prospective class and laboratory schedules, clinical rotation requirements, and field internship obligations should be described.

6. Identification

Students shall be clearly identified by name and student status, using nameplate, uniform, or other apparent means to distinguish them from other personnel.

D. Operational Policies

1. Fair Practices

- a. Announcements and advertising must accurately reflect the program offered.
- b. Student and faculty recruitment and student admission and faculty employment practices shall be non-discriminatory with respect to race, color, creed, sex, age, disabling conditions (handicaps), and national origin.

- c. Academic credit and costs to the student shall be accurately stated, published, and made known to all applicants.
- d. The program or sponsoring institution shall have a defined and published policy and procedure for processing student and faculty grievances.
- e. Policies and processes for student withdrawal and for refunds of tuition and fees shall be published and made known to all applicants.
- f. Policies and processes by which students may perform service work while enroiled in the program must be published and made known to all concerned in order to avoid practices in which students are substituted for regular staff. Students may not take the responsibility or the place of qualified staff. However, after demonstrating proficiency, students may be permitted to undertake certain defined activities (perform procedures) with appropriate supervision and direction. Students may be employed in the field of study outside regular educational hours, provided the work does not interfere with regular academic responsibilities. The work must be non-compulsory, paid, and subject to standard employee policies (regulations).
- g. The health and safety of patients, students, and faculty associated with the educational activities of the students must be adequately safeguarded.

2. Student Records

Satisfactory records shall be maintained for student admission, attendance, academic counseling, and evaluation. Grades and credits for courses shall be recorded and permanently maintained by the sponsoring institution.

All other student records should be maintained for approximately five years, in order to facilitate research, appropriate student assessment, and graduate success.

There shall be:

- a. evidence of high school graduation or graduate equivalent (GED) in each student's file.
- b. evidence of satisfactory completion of all didactic, clinical, and field internship requirements for each student including:
 - (1) a record of class and practice participation, and
 - (2) evidence of competencies attained throughout the education and training program.
- c. copies of examinations and assessments throughout the education and training program.

E. Program Evaluation

1. Purpose and Frequency

The program shall periodically assess its effectiveness in achieving its stated goals and objectives.

2. Methods

Program evaluation methods shall emphasize gathering and analyzing data on the effectiveness of the program in developing competencies consistent with the stated program goals and objectives.

The review of measurement techniques and evaluation methods is a necessary component to verify program effectiveness. Appraisal techniques such as task analysis of skills, content validity, test analysis with discrimination and difficulty indices, graduate performance, student comment, and instructor observation are appropriate.

Program personnel should gather information from as many sources as possible because a single source of data cannot be expected to provide conclusive findings. Documented internal evaluation should take place with each class. The cumulative results should be incorporated into the program, as well as into the self-study, site visit, and other accreditation processes or reports.

Program evaluation may be accomplished through a variety of methods, such as surveys of current and former students, follow-up studies of graduate employment and credentialling examination performance, and input from the various groups representing the program's communities of interest.

3. Utilization

The results of program evaluation shall provide the basis for ongoing planning and appropriate change.

Section I

Section II:
Specific
Requirements
for Accreditation

A. Description of the Profession

The Emergency Medical Technician-Paramedic (EMT-P) provides prehospital emergency care under medical command authority to acutely ill and/or injured patients and/or transports patients by ambulance or other appropriate emergency vehicle. The EMT-P should demonstrate: (1) an awareness of abilities and limitations; (2) the ability to relate to people; and (3) the capacity to make rational patient-care decisions under stress.

To fulfill the role of the EMT-P, an individual must be able to:

- 1. recognize a medical emergency; assess the situation; manage emergency care and, if needed, extricate; coordinate efforts with those of other agencies that may be involved in the care and transportation of the patient; and establish rapport with the patient and significant others to decrease their state of anxiety;
- assign priorities to emergency treatment data for the designated medical command authority, or assign priorities of emergency treatment;
- 3. record and communicate pertinent data to the designated medical command authority;
- 4. initiate and continue emergency medical care under medical control, including the recognition of presenting conditions and initiation of appropriate treatments, including traumatic and medical emergencies, airway and ventilation problems, cardiac dysrhythmias, cardiac standstill, and psychological crises, and assess the response of the patient to that

treatment, modifying medical therapy as directed;

- **5.** exercise personal judgment and provide such emergency care as has been specifically authorized in advance, in cases where medical direction is interrupted by communication failure or in cases of immediate life threatening conditions;
- 6. direct and coordinate the transport of the patient by selecting the best available method(s) in conjunction with medical command authority;
- 7. record, in writing or dictate, the details related to the patient's emergency care and the incident; and
- 8. direct the maintenance and preparation of emergency care equipment and supplies.

B. Curriculum

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The curriculum shall consist of three components: didactic instruction, including skills laboratory; in-hospital clinical practice; and a supervised field internship in an advanced life support unit which functions under a medical command authority.

1. Program Goals and Objectives

There shall be a written statement of program goals and program objectives consistent with and responsive to the demonstrated needs and expectations of the various communities it serves.

Section II

Statements of goals and objectives provide the basis for program planning, implementation, and evaluation. They should be rationally derived and compatible with both the mission of the sponsoring institution(s) and the expectations of the bealth care community.

A goal is a mission statement for the program. An objective is a measurable indicator of attainment of graduate success in attaining the program goal or goals.

A program should regularly assess its goals and objectives for appropriateness and demonstrate an ability to identify and respond to changes in the needs and/or expectations of the various communities it serves.

An advisory committee, or similarly constituted group representing communities of interest (individuals, groups of individuals, or institutions impacted by this program) should be designated and charged with assisting program and sponsoring institutional personnel in formulating appropriate goals and standards, monitoring needs and expectations, and ensuring program responsiveness to change.

2. Content

The curriculum shall include at least the knowledge and skills necessary to prepare the student for entry level competencies as described in the "Description of the Profession." The curriculum must follow planned outlines and be appropriately sequenced with lecture, laboratory, clinical, and field experience to assure efficient learning opportunities for every student. Successful completion of the course must assure attainment of basic theoretical and scientific knowledge reflective of state of the art patient care. The curriculum shall include content which provies a basis for knowledge and skill development for the following areas as they pertain to the prehospital emergency care of adults, adolescents, children, and infants.

- a. Clinical knowledge in the following systems and areas, and ability to relate that knowledge to the associated skills.
 - (1) The cardiovascular system, including recognition of dysrhythmias, myocardial ischemia, and congestive heart failure
 - (2) The respiratory system, including acute airway obstruction, pneumothorax, chronic obstructive pulmonary disease, reactive airway disease, and respiratory distress
 - (3) Trauma to head, neck, chest, spine, abdomen, pelvis, and extremities
 - (4) Medical emergencies, including acute abdominal disease, infections, diabetes mellitus, and allergic reactions

- (5) The central nervous system, including stroke, seizures, and alterations in levels of consciousness
- (6) Obstetrical cases and emergencies, including complications of the 2nd and 3rd trimesters of pregnancy; bleeding, eclampsia, and precipitous delivery
- (7) Pediatric cases and emergencies, including croup, epiglottitis, dehydration, child abuse, meconium aspiration, and care of the newborn
- (8) Psychiatric emergencies and crisis intervention techniques, including problems such as the suicidal, assaultive, destructive, resistant, anxious, bizarre, confused, amnesic, or paranoid
- (9) Drug-related problems, including alcohol, drug-addiction, or overdose
- (10) Sexual assault and abuse
- (11) Special situations, including carbon monoxide and other noxious inhalations, poisonings, near-drownings, over-exposure to heat and cold, electrocution, burns, and exposure to hazardous situations and materials

b. Airway Management

- (1) Use of nasal, oral, and other airway management techniques and devices
- (2) Endotracheal intubation; must include observation of airway management and intubation in the operating room, and endotracheal intubation on live patients
- (3) Suctioning

Training for intubation may lude practice on mannequins, as a local practice on mannequins, as a local personnel on live patients in the operating room.

c. Ventilatory Support

- (1) Mouth-to-mouth ventilation
- (2) Mouth-to-device ventilation
- (3) Use of bag-valve mask
- (4) Use of other artificial ventilatory devices
- (5) Use of oxygen administration devices

d. Circulation and Shock

- (1) Basic life support techniques
- (2) Establish intravenous cannulation
- (3) Vagal stimulation techniques
- (4) Cardiac monitor lead placement
- (5) Cardiac rhythm interpretation

- (6) Synchronized and unsynchronized cardioversion and defibrillation
- (7) Pneumatic antishock garment
- (8) Control of bleeding
- (9) Bandaging (including burns, impaled objects, avuision, evisceration)

c. Clinical Assessment

- (1) Obtain pertinent patient history
- (2) Perform physical examination (including inspection, palpation, and auscultation)
- (3) Rapid extrication and transport
- (4) Prioritize patient care
- (5) Triage multiple casualties

f. Fractures and Dislocations

- (1) Spinal immobilization
- (2) Use of patient extrication devices
- (3) Splinting and traction

g. Administration of Medication

- (1) Preparation of dosage
- (2) Inhaled
- (3) Nebulized
- (4) Endotracheal
- (5) Injection (intramuscular, subutaneous)
- (6) Intravenous
- (7) Topical
- (8) Oral (including sublingual)

h. Obstetrical Emergencies

- (1) Techniques of delivery
- (2) Neonatal resuscitation
- (3) Fundus massage

Students should be exposed to labor and delivery process through observation of live delivery and demonstrate all technical skills through simulation or mannequin techniques.

i. Communication

- (1) Field communication equipment
- (2) Accurate and appropriate patient information
- (3) Accurate and appropriate response to verbal and standing orders
- (4) Accurate written reports
- (5) Emergency scene management
- (6) Patient and family interpersonal communication skills (including crisis intervention)

(7) Professional communication skills

Section II

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j. General

- (1) Legal, professional, and ethical considerations of the EMT-P
- (2) Development of interpersonal skills of the EMT-P
- (3) Safety, psychological, and health hazards to the EMT-P
- (4) Pharmacology, including indications, contraindications, and side effects

3. Field Internship

The field internship of the program shall occur within an emergency medical system which demonstrates medical accountability. The student must be under direct supervision of preceptors who are designated by the program and who are paramedics, nurses, or physicians. The program will assure that there is appropriate, objective evaluation of student progress in acquiring the desired competencies developed through this experience. The experience shall occur on an intensive care vehicle within an EMS system that has the capability of voice telecommunications with on-line medical direction and is equipped with equipment and drugs necessary for advanced life support.

Enough of the field internship experience shall occur following the completion of the didactic and clinical phases of the program to assure that by completion of this portion of the program, each student will achieve the desired competencies of the curriculum. Adequate manpower must be available within the EMS system to assure that the assigned student is never a substitute for paid personnel or a required team member.

The field internship provides the student with a progression of increasing patient care responsibilities and which proceeds from observational experience to working as a member of the team. Responsibilities of the student on the prehospital care team should be progressive and integrated with the program curriculum. Opportunities for attainment of the required competencies should be available to assure adequate progress and experience in all phases of prehospital care. Over half of the field internship should occur following completion of the didactic and clinical phases of the program.

A. Program and Sponsoring Institution Responsibilities

1. Applying for Accreditation

The accreditation review process conducted by the Committee on Allied Health Education and Accreditation (CAHEA) can be initiated only at the written request of the chief executive officer or an officially designated representative of the sponsoring institution.

This process is initiated by requesting an application form from and returning it to the

Division of Allied Health Education and Accreditation American Medical Association 515 N State Street Chicago, Illinois 60610

The JRCEMT-P requires the submission of a Self-Study Report and appropriate fees.

An institution sponsoring a program may voluntarily withdraw from the CAHEA accreditation system at any time.

2. Administrative Requirements for Maintaining Accreditation

To maintain accreditation, the following actions are required:

- a. The program must submit a Self-Study Report or a required progress report within a reasonable period of time, as determined by the JRCEMT-P.
- b. The program must agree to a reasonable site visit date before the end of the period for which accreditation was awarded.
- c. The program must inform the JRCEMT-P within a reasonable period of time of changes in required program personnel.
- d. The sponsor institution must inform CAHEA and the JRCEMT-P of its intent to transfer program sponsorship, in accord with CAHEA policy.
- e. The program and the sponsor institution must pay JRCEMT-P and CAHEA accreditation fees within a reasonable period of time, as determined by the accreditation review committee and CAHEA, respectively.
- f. The program must complete and return by the established deadline the Annual Report provided by CAHEA, to insure an accurate listing of the program and its sponsoring institution in the annual publication of the national directory of CAHEA-accredited programs.

Failure to meet these administrative requirements for maintaining accreditation may lead to being placed on Administrative Probation and ultimately to baving accreditation withdrawn.

B. CAHEA/IRCEMT-P Responsibilities ***

1. Administering the Accreditation Review Process

At the written request of the chief executive officer or other officially designated representative, CAHEA and the JRCEMT-P assess an applicant program's relative compliance with the Essentials.

The accreditation review process includes an on-site evaluation of the program. If the performance of a site visit team is unacceptable, the institution may request a second site visit.

Before the JRCEMT-P formulates its accreditation recommendation to CAHEA, the sponsoring institution is given an opportunity to comment in writing on the report of the site visit team and to correct factual errors.

Before transmitting a recommendation for Probationary Accreditation to CAHEA, the JRCEMT-P provides the sponse ing institution with an opportunity to request reconsideration of the recommendation. Reconsideration is based on conditions existing when the JRCEMT-P arrived at its recommendation to CAHEA and on subsequent documented evidence of corrected deficiencies provided by the applicant.

CAHEA awards of hationary Accreditation are final and are abject to further appeal.

2. Withholding or Withdrawing Accreditation

Before recommending to CAHEA that accreditation be withheld or withdrawn, the JRCEMT-P provides the sponsoring institution with an opportunity to request reconsideration. Decisions to withhold or withdraw accreditation may be appealed. A copy of the CAHEA appeals procedures for Accreditation Withheld or Withdrawn accompanies the letter notifying the sponsoring institution of one of these actions. When accreditation is withdrawn, the institutional sponsor's chief executive officer is provided with a clear statement of each deficiency in the program's relative compliance with the Essentials and is informed that application for accreditation as a new applicant may be made whenever the program considers itself to be in compliance with the Essentials.

All students who have successfully completed a program granted any accreditation status at any point during their enrollment are regarded as graduates of a CAHEA-accredited program.

3. inactive Programs

The sponsoring institution may request inactive status for a program that does not enroll students for up to two years. The program and its sponsoring institution must gontinue to pay required annual fees. Should a program be inactive for two years and not be reactivated, it will be considered discontinued and accreditation will be withdrawn.



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THE FOLLOWING ARTICLES WERE REMOVED FROM APPENDIX D PRIOR TO ITS BEING SUBMITTED TO THE ERIC DOCUMENT REPRODUCTION SERVICE

THE ARTICLES CAN BE FOUND IN

Article 56 General Statutes of North Carolina (Revisions through April 26, 1989).

Article 57 General Statutes of North Carolina (Revisions through April 26, 1989).

North Carolina Administrative Code T21:32H (February 22, 1990).

North Carolina Administrative Code Tl0:03D (December 11, 1989).

Pages 429-480

APPENDIX E

EMERGENCY MEDICAL SCIENCE PROGRAM HOSPITAL CLINICAL EVALUATION FORM

STUDENT:CO	URSE	E: 8	EMS			-	DATE	:	
AREA OF ROTATION:				н	osp I	TAL	:		
SCALE: 0 = Failed 1 = Poor	:	2 =	Avi	erad	ge	3	= Gc	od	4 = Superior
PROFESSIONAL DEVELOPMENT	Ø.	1	2	3	4			C C	DMMENTS
1) Shows Motivation						_			
2) Seeks Learning Experiences									
3) Cooperates With Staff							•		
4) Follows Directions									
5) Displays Positive Attitude									
6) Actively Participates									
COMMUNICATION SKILLS	ļ								
1) Communicates Accurately									
2) Displays Caring And Concern									
3) Shows Empathy To Patients	n 🗆								
TECHNICAL SKILLS]							· · ·	
1) Accurate Use Of Equipment									
2) Accuracy In Participation									
3) Safety, Handwashing Habits									
4) Ability To Evaluate Anatomy							•	•	
5) Overall Quality Of Work	_ D								
ASSESSMENT SCORE	_								
1) Written Patient Evaluation									
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		7	4 I VP			-			

481-482

PRECEPTOR: _____



STUDENT: _____

APPENDIX F

Emergency Medical Science Program Clinical Evaluation

Student	l:							
Clinica	ıl Affi	liate:				Term: _		
to the s trait, o	scale circle mate	the evaluation most 3 ching the student's 2	Api Api Api Api	olies 90- olies 80- olies 70 - olies 60 - olies less t applicabl	89% of 79% of 69% of than 60%	the time the time the time of the t	e e e etme	
5 %	1.	APPEARANCE: Neat, clean and appropriately dressed	5	4	3	2	1	0
5₮	2.	ATTENDANCE: Punctual; proper notification made for absence	. 5	4	3	2	1	0
5 %	3.	ATTITUDE/RESOURCEFULNESS: a. Willing and eager to learn and to participate in all phases of health care delivery and job responsibility	. 5	4	3	2	1	0
5 %		b. Looks for learning experiences, uses time efficiently, asks appropriate questions	. 5	4	3	2	1	0
10%	4.	ORGANIZATION: Able to use a systematic approach to patient evaluation and care	. 5	4	3	2	1	0
5 %	5.	PATIENT ASSESSMENT: Able to perform thorough patient assessment and to use the clinical findings to recognize specific medical conditions	5	4	3	2	1	0
10%	6.	DEFINITIVE ^\RE: Able to choose and accurately deliver appropriate therapeutic modalities for specific medical conditions	5	4	3	2	1	0
10%	7.	OVERALL SKILL PERFORMANCE: Demonstrates proper technique, accuracy, care of equipment, and application of theoretical concepts		4 83 6(3) <u>î</u>	2	1	0

Signature:	: 		800	Dat	te:	-	
		33					
Comments:	: (general, strengths, needs for imp	provement,	etc.)				
	including limitations and expectations; acceptance of constructive criticism; utilizes suggestions for improvement; asks for advise when unsure	5	4	3	2	1	0
5% 0%	 f. Demonstrates flexibility: (i.e. change of assignment, new situations, interruptions, etc. g. Aware of role as a student 		4	3	2	1	0
5%	e. Reacts appropriately to various situations demonstrating composure, patience, and use appropriate comments	of	4	3	2	1	0
5%	d. Uses discretion in discussion of personal matters involving affiliate personner, patients, visitors, and other students		4	3	2	1	0
5%	c. Works well with others as par of the health care team		4	3	2	1	0
5%	b. Explains procedures in a comprehensible and reassuring manner	5	4	3	2	1	0
8. 0%	PROFESSIONAL DEVELOPMENT: a. Establishes rapport with patient and patient's family; demonstrates sensitivity to their verbal and non-verbal responses	5	4	3	2	1	0



tudent	Preceptor			[Date_		
. Skill Performance							
A. Physical assessi			_			_	
1. Primary surve	y	0	1	2	3	4	N.O.
Comments 2. Secondary sur	VAV	0	1	2	3	4	N.O.
Comments	vey	U	1	۷	J	7	и.о.
3. Vital signs		0	1	2	3	4	N.O.
Comments							
B. Patient history		0	1	2	3	4	N.O.
Comments		0	1	2	3	4	AL O
C. Triage Comments		0	1	2	3	4	N.O.
D. Airway		0	1	2	3	4	N.O.
Comments		Ū	•	_	3	7	и.о.
E. Hemorrhage cont	rol	0	1	2	3	4	N.O.
Comments							
F. CPR		0	1	2	3	4	N.O.
Comments		_	_	_	_	_	
G. 02 administration	on	0	1	2	3	4	N.O.
Comments H. MAST		٥	,	2	3	A	N O
Comments		0	1	۷	3	4	N.O.
I. Splinting		0	1	2	3	4	N.O.
Comments		Ū	•	-	•	1	11.0.
J. Radio operation	/encoding	0	1	2	3	4	N.O.
Comments	_						
K. Returning unit	to service	0	1	2	3	4	N.O.
Comments							
. Interpersonal rel	ationships	^	,	2	•		N 0
A. Dependability Comments		0	1	2	3	4	N.O.
B. Appearance		0	1	2	3	4	N.O.
Comments		J	•	_	J	י	11.0.
C. Rapport with pe	ers	0	1	2	3	4	N.O.
Comments			_	_	•		****
D. Rapport with pt	./families	0	1	2	3	4	N.O.
Comments		_	_	_	_		
E. Rapport with ot	her professionals	0	1	2	3	4	N.O.
Comments		^	,	•	3		N 0
F. Ability to work Comments	under supervision	0	1	2	3	4	N.O.
G. Accepts constru	ctive criticism	0	1	2	3	4	N.O.
Comments	CDIVE CITCICISM	J	•	L	3	4	11.0.
H. Level of initia	tive/enthusiasm	0	1	2	3	4	N.O.
Comments	- · · · · · · · · · · · · · · · · · · ·	-	_	_			
I. Utilization of	time	0	1	2	3	4	N.O.
Comments		_	_	_	_	_	
J. Functional abil	ity in emergency	0	1	2	3	4	N.O.
Comments		^	,	•	2	4	NI O
	485 3	0	1	2	3	4	N.O.

<u>Grading Scale for Ambulance Clinical</u>

Α	3.20-4.0	
В	2.40-3.19	
С	1.60-2.39	
D	.80-1.59	
E	.79	
	<u>Ra</u>	ating <u>Criteria</u>
0 -	F - Poor	Performance not complete and/or detrimental to the patient
1 -	D - Needs Improvement	Performance not complete, but not detrimental to the patient
2 -	C - Average	Performance complete and at the expected level for this practicum
3 -	B - Above Average	Performance complete with above average proficiency
4 -	A - Excellent	Performance completed with little or not assistance from instructor
Add	itional Comments:	
_		
		·
		



GTCC - 334-4822 WEST 2458 REEVES 2236

APPENDIX H Emergency Medical Science

MICU Daily Performance Evaluation

Student					Date	
Please evaluate the param score for each item listed.	edic stu Please	dent's overall d comment on ite	aily perfori ms evaluate	mance by ci ed poor or r	rcling the ap needs improv	opropriate ement.
	POOR	NEEDS IMPROVEMENT	AVERAGE	ABOVE AVERAGE	EXCELLENT	NOT APPLICABLE
A. Primary survey	1	2	3	4	5	NA
B. Secondary survey	1	2	3	4	5	NA
C. Status determination	1	2	3	4	5	NA
D. History taking	1	2	3	4	5	NA
E. Patient rapport	1	2	3	4	5	NA
F. Rapport with relatives, bystanders	1	2	3	4	5	NA
G. Rapport with partner/s	1	2	3	4	5	NA
H. BLS level care	1	2	3	4	5	NA
I. ALS level care	1	2	3	4	5	NA
J. Care during transport	1	2	3	4	5	NA
K. Radio reports	1	2	3	4	5	NA
L. Rapport with hospital personnel	1	2	3	4	5	NA
General Comments:	_		-			
						<u> </u>



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APPENDIX I

Emergency Medical Science

MICU ALS Skills Evaluation

	POOR	NEEDS IMPROVEMENT	AVERAGE	ABOVE AVERAGE	EXCELLENT
ALS Procedure #1					
technique	1	2	3	4	5
accuracy	1	2	3	4	5
time	1	2	3	4	5
safety	1	2	3	4	5
* OVERALL RATING	*1	*2	*3	*4	* 5
Comment					
ALS Procedure #2					
technique	1	2	3	4	5
accuracy	1	2	3	4	5
time	1	2	3	4	5
safety	1	2	3	4	5
* OVERALL RATING	*1	*2	*3	* 4	*5
Comment					
ALS Procedure #3					
technique	1	2	3	4	5
accuracy	1	2	3	4	5
time	1	2	3	4	5
safety	1	2	3	4	5
* OVERALL RATING	*1	*2	*3	*4	*5
Comment					

* OVERALL RATING

- 1 Procedure not completed; detrimental to patient.
- 2 Procedure not completed; not detrimental to patient.
- 3 Procedure completed but procedure does not conform to standard practice; not detrimental to nation.
- 4 Procedure completed; no critical errors; not detrimental to patient.
- 5 Procedure completed; no errors.



489-490

APPENDIX J

EMT-PARAMEDIC TRAINING PROGRAM OUTLINE

The following represents the minimum contact hours necessary for each section of the EMT-Paramedic (EMT-P) training program. The time indicated does not include time for practical skills development and written examinations. The source for EMT-P training is the "Emergency Medical Technician - Paramedic: National Standard Curriculum published by the U. S. Department of Transportation.

I <u>DIDACTIC TRAINING</u>

DIVISION	SECTION	TITLE	TIME (hours)
I (Prehospital Environment)	1 2 3 4 5 6 7	Roles and Responsibilities EMS Systems Medical/Legal Considerations EMS Communications Rescue Major Incident Response Stress Management	1 1 1 3 4 3 2
II (Preparatory)	1 2 3 4 5	Medical Terminology General Patient Assessment and Initial Management Airway and Ventilation Parhophysiology of Shock General Pharmacology	1 6 8 16 6
III (Trauma)	1 2	Trauma Burns	18 2
IV (Medical)	1 2 3 4 5 6 7 8 9 10 11	Respiratory Cardiovascular Endocrine Emergencies Nervous System Acute Abdomen, Genitourinary, Reproductive Systems Anaphylaxis Toxicology, Alcoholism and Drug Abuse Infectious Diseases Environmental Injuries Geriatric/Gerontology Pediatrics	12 80 5 2 3 1 5 2 6 2
V (OB/GYN/ Neonatal)	1	OB/GYN/Neonatal	8
VI (Behavioral)	1	Behavioral Emergencies	8
(Revised November	1990)		



In addition to the above references, additional time must be included for the following:

- a) A minimum of nine written examinations with the following breakdown:
 - 1) 1 examination each for Divisions 1,2,3,5,6
 - 2) 3 examinations for Division 4
 - 3) 1 comprehensive final examination
- b) A minimum of 40 hours for practical skills practice and evaluation

II CLINICAL

A minimum of 116 hours must be included in the clinical component of the EMT-P training program. The number of hours in each area of the clinical section shall be determined by the medical director and the training institution. The areas of the hospital clinical are as follows and all are mandatory with the exception of the morgue. The clinical experience must be precepted by a physician or registered nurse.

- a) Emergency Department
- b) ICU/CCU
- c) Operatory/Recovery Room
- d) Intravenous Team (if available)
- e) Pediatric Unit
- f) Labor Suite/Delivery Room/Newborn Nursery
- g) Psychiatric Unit on Crisis Center
- h) Morgue (recommended but not required)

III FIELD INTERNSHIP

A minimum of 180 hours shall be included in the field internship component of the EMT-P training program. The field internship component must be precepted by a physician or certified EMT-P.

IV SUCCESSFUL SKILL COMPLETION

Before successful completion of the EMT-P training program, the student must successfully perform the following skills during the hospital clinical or field internship while in direct contact with patients:

EMT-P SKILL Number of Successful Attempts

a) b)	Endotracheal Intubation Intravenous Administration	1 10
- /	(Adult and Pediatric Combined) Intravenous Drug Administration	5
d)	(Bolus and Drip Combined) Subcutaneous Injections	2

(Revised November 1990)

Number of Successful Attempts

e) f)	Intramuscular Injections Sublingual Drug Administration	2
g)	Venipuncture	2
h)	Patient Assessment	-
,	1) Adult	10
	2) Neonatal and Pediatric Combined	10
i)	Suctioning Techniques	
•	1) Oropharyngeal	2
	2) Tracheal	2
j)	Defibrillation	2
k)	ECG Interpretation	10
1)	External Cardiac Pacing	1

CLINICAL NOTES:

EMT-P SKILL

- 1. If a training program can not reasonably provide all mandatory clinical settings, the program must request an exception from the Office of Emergency Medical Services.
- 2. Subcutaneous and intramuscular injections must be performed on a live patient, but students in the classroom setting may be used to satisfy this requirement if appropriate patients are not available in the hospital clinical or field internship sections of the training program.
- 3. The endotracheal intubation should be accomplished on a patient. In exceptional cases, i.e., when a student has completed a significant higher number of hours during the field internship and hospital clinical, the substitution of a training manikin in lieu of the patient may be allowed. The request for an exception should originate from the medical director of the training program and be forwarded to the Office of Emergency Medical Services for approval/disapproval.
- 4. Defibrillation on patients is preferred, but manikin simulation may be allowed if approved by the medical director of the training program if appropriate patients are not available in the hospital clinical or field internship sections of the training program.
- 5. External cardiac pacing may be accomplished by either using patients or manikins. Patients are preferred over manikins if available during the hospital clinical or field internship.
- 6. If intravenous administration, subcutaneous injections, venipunctures, intravenous drug administration, sublingual drug administration suctioning techniques (oropharyngeal and tracheal), endotracheal intubation, defibrillation, ECG interpretation, and external cardiac pacing have been previously completed in a training program or if a person is certified to perform these skills, the medical director may waive these skills from the clinical requirements. The course outline should reflect the waiver of skills if approved by the medical director of the training program.

(Revised November 1990)



V EMT-PARAMEDIC TRAINING PROGRAM SUMMARY

The following represents a summary of areas and recommended minimum times for EMT-P training program:

c) d)	EMT-P didactic training 9 written examinations Skills practice and evaluation Hospital Clinical Field Internship	-	212 hours 10 hours 40 hours 116 hours
	Field Internship		180 hours
•	·	EMT-P Total	558 hours

VI SUBMISSION OF AN EMT-P TRAINING PROGRAM OUTLINE

The following format should be used when submitting an EMT-P training program outline for review and approval:

<u>Date</u>	Time I	Div.	<u>Section</u>	<u>Objectives</u>	<u>Hours</u>	Instructor
10/14/91	7-10 pm		Roles and	1.1.1-1.1.21	1	A. Brown, EMT-P
			Responsibilities EMS Systems	1.2.1-1.2.23	1	A. Brown, EMT-P
			Medical/Legal Considerations	1.3.1-1.3.7	1	A. Brown, EMT-P
10/16/91	7-10 pm	1 8	EMS Communications	1.4.1-1.3.30	3	J. Hooks, MD
10/21/91	7-10 pm	1 F	Rescue	1.5.1-1.5.8	3	G. Thompson
10/24/91	7-10 pm	- 1	Rescue Major Incident Response	1.5.9-1.5.11 1.6.1-1.6.7	1 2	G. Thompson J. Cohn, EMT-P
10/28/91	7-10 pm		Major Incident	1.6.8-1.6.13	1	J. Cohn, EMT-P
			Response Stress Management	1.7.1-1.7.13	2	E. Simpson, MD
10/31/91	7-10 pm	4	Review of Division Written Examination		2	A. Brown, EMT-P
			for Division I		1	A. Brown, EMT-P

Prior to submitting the EMT-P course outline to the Office of Emergency Medical Services Regional Office for review and approval, please insure that the following items are included:

- 1. A letter of support from the physician medical director of the mobile intensive care program.
- 2. A brief description of the clinical and field internship requirements, i.e., the minimum number of hours, the required skills, certification/licensure level of course preceptors, etc.



3. A course outline that follows the sample format above. Inclusion of dates, times, correct titles, objectives, and hours of instruction must be included. In addition, the written examinations and practical skills practice must be identified in the course outline.

VII ORDERING INFORMATION

Superintendent of Documents Government Printing Office Washington, D. C. 20402 Telephone: (202) 783-3238

Make check or money order payable to "Superintendent of Documents"

Document: Emergency Medical Technician - Paramedic: National Standard

Curriculum

Instructor's Lesson Plans \$32.00

050-003-00430-8

Course Guide \$ 1.50 050-003-00431-6



APPENDIX K

EMT-ADVANCED INTERMEDIATE TRAINING PROGRAM OUTLINE

The following represents the minimum contact hours necessary for each unit of the EMT-Advanced Intermediate (EMT-AI) training program.

I DIDACTIC TRAINING

UNIT	TITLE	TIME(hours)
1	The EMT-AI Roles and Responsibilities	2
2	Respiratory System and Airway Management	9
3	Pharmacology	12
4	Cardiovascular System	6
5	Basic Principles of Electrocardiography	6
6	Dysrhythmia Recognition	18
7	Defibrillation and External Cardiac Pacing	6
8	Management of Cardiac Dysrhythmias,	12
_	Respiratory, and Cardiovascular Emergencies	••
9	Communication Skills	3
10	Review of Basic Life Support and	3
	Advanced Life Support Skills	3
11	Final Examination	3

The above outline contains a minimum of 80 hours which includes time for written examinations and practical skill development. A minimum of six written examinations shall be administered with the following breakdown:

- a) 1 examination for Units 1 and 2
- b) I examination for Unit 3
- c) 3 examinations for Units 4 8
- d) 1 comprehensive final examination

II CLINICAL

The clinical areas should include a minimum of 72 hours in the emergency department or other appropriate areas as defined by the medical director and the teaching institution. The clinical experience must be precepted by a physician or registered nurse.

III FIELD INTERNSHIP

A minimum of 72 hours shall be included in the field internship component of the EMT-AI training program. The field internship component must be precepted by a physician, EMT-AI, or EMT-P.



IV SUCCESSFUL SKILL COMPLETION

Before successful completion of the EMT-AI training program, the student must successfully perform the following skills during the hospital clinical or field internship while in direct contact with patients.

	EMT-AI SKILL	NUMBER OF SUCCESSFUL ATTEMPTS				
a)	Endotracheal Intubation	1				
b)	Intravenous Administration (Adult and Pediatric Combined)	10				
c)	Intravenous Drug Administration (Bolus and Drip Combined)	. 5				
d)	Subcutaneous Injections	2				
e)	Sublingual Drug Administration	2				
f)	Venipuncture	5				
g)	Patient Assessment 1) Adult 2) Neonatal and Pediatric Combined	10 5				
h)	Suctioning Techniques 1) Oropharyngeal 2) Tracheal	2 2				
i)	Defibrillation	2				
j)	ECG Interpretation	10				
k)	External Cardiac Pacing	1				
.						

CLINICAL NOTES:

- Subcutaneous injections must be performed on a live patient, but students in the classroom setting may be used to satisfy this requirement if appropriate patients are available in the hospital clinical or field internship sections of the training program.
- 2. The endotracheal intubation should be accomplished on a patient. In exceptional cases, i.e. when a student has completed a significant higher number of hours during the field internship and hospital clinical, the substitution of a training manikin in lieu of the patient may be allowed. The request for an exception should originate from the medical director of the training program and be forwarded to the Office of Emergency Medical Services for approval/disapproval.
- 3. Defibrillation on patients is preferred, but manikin simulation may be allowed if approved by the medical director of the training program if



- appropriate patients are not available in the hospital clinical or field internship sections of the training program.
- 4. External cardiac pacing may be accomplished by either using patients or manikins. Patients are preferred over manikins if available during the hospital clinical or field internship.
- 5. If intravenous administration, subcutaneous injections, and venipunctures have been previously completed in a training program or if a person is certified to perform these skills, the medical director may waive these skills from the clinical requirements. The course outline should reflect the waiver of skills if approved by the medical director of the training program.

V EMT-ADVANCED INTERMEDIATE PROGRAM SUMMARY

The following represents a summary of areas and recommended minimum times for the EMT-AI training program:

a)	EMT-AI didactic, written exams	•	80 hours
	and practical skills		
	Hospital clinical	•	72 hours
c)	Field internship	•	72 hours
		EMT-AI Total	224 hours

VI <u>SUBMISSION OF AN EMT-AI TRAINING PROGRAM OUTLINE</u>

The following format should be used when submitting an EMT-AI training program outline for review and approval:

<u>Date</u>	<u>Time</u>	<u>Unit</u>	Objectives Hour	s <u>Instructor</u>
		Course Registration and Re	equirements 1	
11/7/91	7-10 pm	(1) Roles and Responsibilities	1.01-1.34 2	C. Brown, EMT-P
11/12/91	7-10 pm	(2) Respiratory System and Airway Management	2.01-2.10 3	J. Bell, M.D.
11/14/91	7-10 pm	(2) Respiratory System and Airway Management	2.11-2.35 3	J. Bell, M.D.
11/19/91	7-10 pm	(2) Respiratory System and Airway Management Written Units 1-2	2.112.35 3	J. Bell, M.D.
11/21/91	7-10 pm	(3) Pharmacology	3.01-3.16 3	M. Jones, R.N.

Prior to submitting the EMT-AI course outline to the Office of Emergency Medical Services Regional Office for review and approval, please insure that the following items are included:

- 1. A letter of support from the physician medical director of the mobile intensive care program.
- 2. A brief description of the clinical and field internship requirements, i.e., the minimum number of hours, the required skills, certification/licensure level of course preceptors, etc.
- 3. A course outline that follows the sample format above. Inclusion of dates, times, correct section titles, objectives, and hours of instruction must be included. In addition the written examinations must be identified in the course outline.

VII ORDERING INFORMATION

N.C. Department of Human Resources Division of Facility Services Office of Emergency Medical Services 701 Barbour Drive Raleigh, N. C. 27603 Telephone: (919) 733-2285

Document: EMT-Advanced Intermediate Training Program Outline with

Instructional Objectives - NO CHARGE







APPENDIX L

EMT-INTERMEDIATE TRAINING PROGRAM OUTLINE

The following represents the minimum contact hours necessary for each section of the EMT-Intermediate (EMT-I) training program. The time indicated does not include time for written examinations.

I DIDACTIC TRAINING

SECTION	TITLE	TIME(hours)
1	Roles and Responsibilities	2
2	EMS Systems/Medical Control	2
3	Medical/Legal Considerations	2
4	Medical Yerminology	ī
5	EMS Communications	2
6	General Patient Assessment and	18
	Initial Management (including	
	administration of 50% Dextrose)	
7	Airway Management and Ventilation	3
8	Assessment and Management of Shock	6
	(including anaphylaxis)	
9	Defibrillation (Automatic/Semi-Automatic) (Refer to N. C. EMT-D Initial Training Program Outline)	9

In addition to the above time references, five hours of additional time must be included for five written examinations including a comprehensive final written examination.

II CLINICAL

The clinical areas shall include a minimum of 24 hours in the emergency department, with an intravenous team if available, or other appropriate areas as defined by the medical director and the teaching institution. The clinical experience must be precepted by a physician or registered nurse.

III FIELD INTERNSHIP

A minimum of 24 hours shall be included in the field internship component of the EMT-I training program. The field internship component must be precepted by a physician, EMT-I, EMT-AI, or EMT-P. If it appears that the local field internship will not provide positive learning experience, the medical director will have the option of requesting a waiver of the field internship requirements from the Office of Emergency Medical Services. In the event a waiver is requested, the medical director shall outline how the experiences and evaluation processes included in the field internship will be accomplished.

(Revised November 1990)



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IV SUCCESSFUL SKILL COMPLETION

Before successful completion of the EMT-I training program, the student must successfully perform the following skills during the hospital clinical or field internship while in direct contact with patients.

EMT-I SKILL

NUMBER OF SUCCESSFUL ATTEMPTS

a)	Patient Assessment 1) Adult 2) Neonatal and pediatric combined	10 5
b)	Intravenous Administration (Adult and Pediatric Combined)	10
c)	Subcutaneous Injections	2
d)	Venipuncture	5
e)	Administer 50% Dextrose	2

CLINICAL NOTES:

- 1. Subcutaneous injections must be performed on a live patient, but students in the classroom setting may be used to satisfy this requirement if appropriate patients are not available in the hospital clinical or field internship sections of the training program.
- 2. The administration of 50% Dextrose is recommended for live patients but simulation may be used if appropriate patients are not available in the hospital clinical or field internship setting.

V EMT-INTERMEDIATE TRAINING PROGRAM SUMMARY

The following represents a summary of areas and recommended minimum times for the EMT-I training program:

a)	EMT-I didactic and practical skills	-	45 hours
b)	Written examinations	-	5 hours
c)	Hospital clinical	-	24 hours
d)	Field internship	-	24 hours
• ,	•	EMT-I Total	98 hours

VI SUBMISSION OF AN EMT-I TRAINING PROGRAM OUTLINE

The following format should be used when submitting an EMT-I Training program outline for review and approval:

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<u>Date</u>	<u>Time</u>	<u>Section</u>	<u>Objectives</u> <u>H</u>	ours	Instructor
3/19/91	7-10 pm		1.1.1-1.1.21	2	C. Kirk, M.D.
		Responsibilities (2) EMS Systems/ Medical Control	1.2.1-1.2.9	1	C. Kirk, M.D.
3/21/91	7-10 pm	(2) EMS Systems/ Medical Control	1.2.10-1.2.23	1	C. Kirk, M.D.
		(3) Medical/Legal	1.3.1-1.3.7	2	A. Batten
3/26/91	7-10 pm	• •	1.4.1-1.4.6	1	J. Matthews, EMT-P
		Terminology (5) EMS Communications	3 1.5.1-1.5.21	2	J. Matthews, EMT-P
3/28/91	7-10 pm	Review of Sections Written Examination Sections 1-5			C. Kirk, M.D.

Prior to submitting the EMT-I course outline to the Office of Emergency Medical Services Regional Office for review and approval please insure that the following items are included:

- 1. A letter of support from the physician medical director of the mobile intensive care program.
- 2. A brief description of the clinical and field internship requirements, i.e., the minimum number of hours, the required skills, certification/licensure level of course preceptors, etc.
- 3. A course outline that follows the sample format above. Inclusion of dates, times, correct section titles, objectives, hours of instruction must be included. In addition the written examinations must be identified in the course outline.
- 4. Objectives for the automated defibrillation training must reference the N.C. EMT-D Initial Training Program Outline.

VII ORDERING INFORMATION

Superintendent of Documents Government Printing Office Washington, D. C. 20402 Telephone: (202) 783-3238

Make check or money order payable to "Superintendent of Document"

Document: Emergency Medical Technician - Intermediate: National

Standard Curriculum



Instructor's Lesson Plans \$10.00 050-003-00428-6

\$ 1.50 Course Guide 050-003-00429-4

EMT-Defibrillation Guidelines are available from the Office of Emergency Medical Services Regional Office in your area.



APPENDIX M

MANDATORY EMT-PARAMEDIC MINIMUM DRUG LIST

<u>Explanation:</u> It is assumed that almost all EMT-paramedic providers will elect to expand this drug list with pharmaceuticals from the EMT-P drug formulary. This group of drugs <u>must</u> be available for use by any EMT-P provider and be located on the ambulance.

I.V. SOLUTIONS

D5W 250cc or 500cc

Lactated_Ringers 1000cc

Normal Saline 1000cc

PHARMACEUTICALS (Parenteral)

Atropine 1 mg/ml

Dextrose - 50% 50cc amps

Epinephrine 1:10,000-10cc

Epinephrine 1:1,000-1cc

Lidocaine 1 gm

Lidocaine 100 mg

Naloxone (Narcan)

PHARMACEUTICALS (Oral/Sublingual)

Nitroglycerin 1/150 gr or 1/200 gr tabs

or nitroglycerin sublingual spray

Syrup of Ipecac



APPENDIX N

OPTIONAL EMT-PARAMEDIC DRUG FORMULARY

*Adenosine Metaproterenol

Atropine Nitroglycerin (Paste or Sublingual)

Bretylium *Racemic Epinephrine

Calcium Chloride/Gluconate

Terbutaline (Injectable or Inhaler)

Dobutamine (Injectable of Innule)

I.V. SOLUTIONS
Dopamine

D5 Lactated Ringers

Epinephrine

D5 1/2 Normal Saline
Isoproterenol

D5 1/4 Normal Saline

Lidocaine D10 Water

NaCl Injection D5 Normal Saline

Nifedipine <u>OTHER</u>

Procainamide Diazepam (Valium) Injectable

Propranolol Diphenhydramine (Benadryl) Injectable

Sodium Bicarbonate Dextrose - 50%

Verapamil Glucagon (Intramuscular or Subcutaneous)

I.V. steroid Preparations such as Solu-Medrol and Decadron

Lidocaine 1% or 2% Mannitol

Procaine 1% or 2% Naloxone (Narcan) Injectable

CARDIORESPIRATORY AGENTS Phenytoin (Dilantin) Injectable

Albuterol Promethazine (Phenergan)

Aminophylline Syrup of Ipecac

Furosemide Thiamine (Intramuscular or

Intravenously)
Isoetharine

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ANALGESICS

Meperidine (Demerol)

Morphine Sulfate

Nalbuphine Hydrochloride (or similar drugs)

Nitrous Oxide via respiratory route

INTERHOSPITAL TRANSFER DRUGS

Antibiotics I.V.

Blood and Components I.V.

Heparin Drip I.V.

Nitroglycerin Drip I.V.

*Potassium Chloride

Urokinase

Streptokinase

Tissue Plasminogen Activator

622



APPENDIX O

MANDATORY EMT-ADVANCED INTERMEDIATE MINIMUM DRUG LIST

Explanation: It is assumed that almost all EMT-Advanced Intermediate providers will elect to expand this drug list with the EMT-AI drug formulary. This group of drugs <u>must</u> be available for use by any EMT-AI provider and be located on the ambulance.

I.V. SOLUTIONS

D5W 250 cc OR 500 cc

Lactated Ringers 1000 cc

Normal Saline 1000 cc

PHARMACEUTICALS

Atropine 1 mg/ml

Dextrese - 50% 50cc amps

Epinephrine 1:10,000-10 cc

Epinephrine 1:1,000-1 cc

Lidocaine 1 gm

Lidocaine 100 mg

Naloxone (Narcan)

PHARMACEUTICALS (ORAL/SUBLINGUAL)

Nitroglycerin 1/150 gr or 1/200 gr tabs or Nitroglycerin Sublingual Spray Syrup of Ipecac

625



APPENDIX P

OPTIONAL EMT-ADVANCED INTERMEDIATE DRUG FORMULARY

I.V. SOLUTIONS

D5 1/2 Normal Saline

D5 Normal Saline

D5 1/4 Normal Saline

D10 Water

D5 Lactated Ringers

ACLS DRUGS

Sodium Bicarbonate

INTERHOSPITAL TRANSFER DRUGS

Blood and Components I.V.

*Potassium Chloride

APPENDIX Q

EQUIPMENT LIST

The number of each item required for an Emergency Medical Science program will depend on the number of matriculated students. The list that follows is the minimal type that must be in place at the offering college.

```
Mannikins
   intubation
      adult
      infant
   chest decompression
   cricothyroidotomy
   injection simulator
   urinary catheterization
   obstetrical
   IV infusion
   CPR
      adult
      child
      infant
      trauma
Rescue
   traction splint
   air splints
   scoop stretcher
   Stokes basket
   long spine board
   short spine board
   extrication device
   extrication tools/rescue equipment
BLS
   suction device
   stretcher
   sphygmomanometer
   stethoscope
   communication equipment
   oxygen with regulator
   air vay adjunct equipment
   bardaging supplies
   M.A.S.T.
   infection control protective equipment
ACLS
   monitor/defibrillator
       1) automatic
       2) manual
    external cardiac pacer
                                             625
    rhythm simulator
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ERIC

APPENDIX R

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